

# Prior Authorization Requirements for Texas CHIP Effective April 1, 2018



## General Information

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

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 866-604-3267
- **Fax:** 877-940-1972; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Texas > Provider Forms > Standard Prior Authorization Form: Texas Department of Insurance.

**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.**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43770 43846 43881 95981	43645 43775 43847 43882 95982	43648 43842 43848 64590	43659 43845 43860 95980
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975 E0760	20979	E0747	E0748
<b>BRCA genetic testing</b>	Prior authorization required	81162 81214	81211 81215	81212 81216	81213 81217
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19366 19370	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
<b>Circumcision</b>	Prior authorization required for members older than age 1	54150	54160	54161	54162
<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69714 L8614 L8692	69715 L8619	69718 L8690	69930 L8691
<b>Cosmetic and reconstructive procedures</b> 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	Prior authorization required	11960 15822 17106 21137 21175 21182 21235 21282 21743 67901	11971 15823 17107 21138 21179 21183 21256 21295 28344 67902	15820 15830 17108 21139 21180 21184 21275 21740 30620 67903	15821 15847 17999 21172 21181 21230 21280 21742 67900 67904

**Prior Authorization Requirements for Texas CHIP**  
**Effective April 1, 2018**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Cosmetic and reconstructive procedures (cont'd)</b>		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
		Q2026			
<b>Durable medical equipment (DME): more than \$500</b> DME codes listed with a retail purchase or a cumulative rental cost of more than \$500	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p> <p>Some home health care services may qualify under the DME requirement but are not subject to the \$500 threshold – see <i>Home health care</i>.</p>	A9279	E0194	E0265	E0300
		E0445	E0457	E0460	E0466
		E0483	E0638	E0641	E0642
		E0669	E0700	E0710	E0745
		E0762	E0764	E0766	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> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required for members younger than age 5 with a WIC denial. Please submit the WIC denial along with your prior authorization request.	B9000	B9002	B9998	
<b>Experimental and investigational</b>	Prior authorization required	33477	36514	55866	61863
		61864	61867	61868	61886
		64555	64722	66180	95978
		A9274	E1831		
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31254	31255	31256
		31267	31276	31287	31288
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home	99503	G0162	G0299	G0300
		S9474			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Injectable medications</b>	Prior authorization required	<b>Acthar®</b> J0800			
		<b>Botox®</b> J0585      J0586      J0587      J0588			
		<b>Cinqair®</b> J2786			
		<b>Exondys 51™</b> J1428			
		<b>Ilaris®</b> J0638			
		<b>IVIG</b> 90284      J1459      J1555      J1556 J1557      J1559      J1561      J1566 J1568      J1569      J1572      J1575 J1599			
		<b>Lemtrada®</b> J0202			
		<b>Makena®</b> J1726      J1729      J2675			
		<b>Nucala®</b> J2182			
		<b>Ocrevus™</b> J2350			
		<b>Probuphine®</b> J0570			
		<b>Radicava®</b> C9493			
		<b>Soliris®</b> J1300			
		<b>Spinraza™</b> J2326			
		<b>Synagis®</b> 90378			
<b>Unclassified*</b> C9399      J3490      J3590					

Prior Authorization Requirements for Texas CHIP  
Effective April 1, 2018



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Injectable medications (cont'd)		<p><b>Xolair®</b> J2357</p> <p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>* For Unclassified codes C9399 and J3490, prior authorization is only required for Fasentra™, Luxturna™ and Radicava. For Unclassified code J3590, prior authorization is only required for Brinuera™, Fasentra™, Luxturna™ and Radicava.</p>			
<p><b>Joint replacement</b> Joint, total hip and knee replacement procedures</p>	Prior authorization required	23470 24360 24370 27125 27137 27447 29867	23472 24361 24371 27130 27138 27486 29868	23473 24362 27120 27132 27412 27487	23474 24363 27122 27134 27446 29866
<p><b>Non-emergent air ambulance transport</b></p>	Prior authorization required	A0430	A0431	A0435	A0436
<p><b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment</p>	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21299	21123 21142 21147 21155 21193 21198 21209 21242 21247	21125 21143 21150 21159 21194 21199 21210 21244 21255	21127 21145 21151 21160 21195 21206 21215 21245 21296
<p><b>Orthotics and prosthetics: more than \$500</b> Orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500</p>	Prior authorization required only in outpatient settings, to include member's home	L0112 L0464 L0486 L0632 L0638 L0810 L1000 L1310	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685

Prior Authorization Requirements for Texas CHIP  
Effective April 1, 2018



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotic and prosthetic codes with a retail purchase or a cumulative rental cost of more than \$500</p>		L1700	L1710	L1720	L1730
		L1755	L1812	L1820	L1830
		L1831	L1834	L1836	L1840
		L1844	L1845	L1846	L1847
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2128	L2136	L2350
		L2510	L2526	L2627	L2628
		L3230	L3265	L3649	L3671
		L3674	L3720	L3730	L3740
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L5010	L5020
		L5050	L5060	L5100	L5105
		L5150	L5160	L5200	L5210
		L5220	L5230	L5250	L5270
		L5280	L5301	L5312	L5321
		L5331	L5341	L5400	L5420
		L5460	L5500	L5505	L5510
		L5520	L5530	L5535	L5540
		L5560	L5570	L5580	L5585
		L5590	L5595	L5600	L5610
		L5613	L5614	L5616	L5639
		L5640	L5642	L5643	L5644
		L5646	L5648	L5651	L5653
		L5661	L5682	L5702	L5703
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5790	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

**Prior Authorization Requirements for Texas CHIP  
Effective April 1, 2018**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes					
<b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotic and prosthetic codes with a retail purchase or a cumulative rental cost of more than \$500		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>	Prior authorization required  For prior authorization, please call OptumHealth Physical Health at <b>800-873-4575</b> or the notification number on the back of the member's health plan ID card.  <u><b>For patients age 16 and older:</b></u> Care providers must also complete the Patient Summary Form PSF-750 online. If you're registered with Optum, you can edit and submit the form at <b>myoptumhealthphysicalhealth.com</b> > Resource Library > Clinical Submission Forms. If you can't submit the form online, please call OptumHealth Physical Health at <b>800-873-4575</b> .  <u><b>For patients younger than age 16:</b></u> Care providers must also submit the top two sections of the Patient Summary Form PSF-750 online – you don't have to complete the patient section in the bottom third of the form. If you can't submit the form online, please call OptumHealth Physical Health at <b>800-873-4575</b> .	70371	92506	92507	92508
92521	92522			92523	92524		
92526	92626			92627	92630		
92633	96105			97012	97014		
97016	97018			97022	97024		
97026	97028			97032	97033		
97034	97035			97036	97039		
97110	97112			97113	97116		
97124	97139			97140	97150		
97164	97168			97530	97535		
97537	97542			97750	97760		
97761	97762			97799	G0129		
G0282	G9041			G9043	G9044		
S8990	S9152						
				<b>OR billed with these Revenue codes:</b>			
				419	420	421	422
				423	424	429	430
				431	432	433	434
				439	977	978	
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003			
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525		

**Prior Authorization Requirements for Texas CHIP  
Effective April 1, 2018**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Spinal stimulator for pain management</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
<b>Spinal surgery</b>	Prior authorization required	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885 L8685	64568 L8686	L8680 L8687	L8682 L8688
<b>Vein procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36473 37718	36475 37722	36478 37780	37700
<b>Wound vac</b>	Prior authorization required	E2402			

Additional Advance Notification and Prior Authorization Programs		
Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
<b>Behavioral health services</b>	<p>Prior authorization required</p> <p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p>	<p>Please call <b>888-887-9003</b> when referring for mental health and substance use services.</p>
<b>Cardiology</b>	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCommunityPlan.com</b> &gt; For Health Care Professionals &gt; Texas &gt; Cardiology &gt; Cardiology Prior Authorization CPT Code Crosswalk.</p>
<b>Chemotherapy</b>	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p><b>Injectable chemotherapy drugs that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• 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</li> </ul> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>Prior authorization required for the following codes regardless of cancer diagnosis. For prior authorization, please call <b>866-604-3267</b>.</p> <p>C9399 J3490 J3590</p>



Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
<p><b>Colony stimulating factor drugs</b></p>	<p>Prior authorization required for colony stimulating factor drugs administered in an outpatient setting for a cancer diagnosis</p>	<p><b><u>Injectable colony stimulating factor drugs that require prior authorization:</u></b></p> <ul style="list-style-type: none"> <li>• J1442 filgrastim (Neupogen®)</li> <li>• J1447 tbo-filgrastim (Granix®)</li> <li>• J2505 pegfilgrastim (Neulasta®)</li> <li>• J2820 sargramostim (Leukine®)</li> <li>• Q5101 filgrastim, bio similar (Zarxio®)</li> </ul> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p>
<p><b>Radiology</b></p>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	<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 Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCommunityPlan.com</b> &gt; For Health Care Professionals &gt; Texas &gt; Radiology &gt; CPT Code List.</p>

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																																				
<p><b>Transplants</b></p>	<p>Prior authorization required</p>	<p>For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card.</p> <table border="0"> <tr><td>32850</td><td>32851</td><td>32852</td><td>32853</td></tr> <tr><td>32854</td><td>32855</td><td>32856</td><td>33930</td></tr> <tr><td>33933</td><td>33935</td><td>33940</td><td>33944</td></tr> <tr><td>33945</td><td>38208</td><td>38209</td><td>38210</td></tr> <tr><td>38212</td><td>38213</td><td>38214</td><td>38215</td></tr> <tr><td>38232</td><td>38240</td><td>38241</td><td>38242</td></tr> <tr><td>44132</td><td>44133</td><td>44135</td><td>44136</td></tr> <tr><td>44137</td><td>44715</td><td>44720</td><td>44721</td></tr> <tr><td>47133</td><td>47135</td><td>47140</td><td>47141</td></tr> <tr><td>47142</td><td>47143</td><td>47144</td><td>47145</td></tr> <tr><td>47146</td><td>47147</td><td>48551</td><td>48552</td></tr> <tr><td>48554</td><td>50300</td><td>50320</td><td>50323</td></tr> <tr><td>50325</td><td>50340</td><td>50360</td><td>50365</td></tr> <tr><td>50370</td><td>50380</td><td>50547</td><td>S2060</td></tr> <tr><td>S2061</td><td>S2152</td><td></td><td></td></tr> </table> <p>Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes:</p> <table border="0"> <tr><td>38206</td><td>38999</td><td>J3490</td><td>J9999</td></tr> <tr><td>M0075</td><td>S2107</td><td>Q2040</td><td></td></tr> </table>	32850	32851	32852	32853	32854	32855	32856	33930	33933	33935	33940	33944	33945	38208	38209	38210	38212	38213	38214	38215	38232	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			38206	38999	J3490	J9999	M0075	S2107	Q2040	
32850	32851	32852	32853																																																																			
32854	32855	32856	33930																																																																			
33933	33935	33940	33944																																																																			
33945	38208	38209	38210																																																																			
38212	38213	38214	38215																																																																			
38232	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																																																																					
38206	38999	J3490	J9999																																																																			
M0075	S2107	Q2040																																																																				
<p><b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p>	<p>Prior authorization required</p>	<p>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 <b>855-282-8929</b>.</p> <table border="0"> <tr><td>33927</td><td>33928</td><td>33929</td><td>33975</td></tr> <tr><td>33976</td><td>33979</td><td>33981</td><td>33982</td></tr> <tr><td>33983</td><td>Q0507</td><td>Q0508</td><td>Q0509</td></tr> </table>	33927	33928	33929	33975	33976	33979	33981	33982	33983	Q0507	Q0508	Q0509																																																								
33927	33928	33929	33975																																																																			
33976	33979	33981	33982																																																																			
33983	Q0507	Q0508	Q0509																																																																			