

Prior Authorization Requirements for STAR Kids, Effective January 1, 2018



General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan STAR Kids 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			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43648	43659
		43770	43775	43842	43845
		43846	43847	43848	43860
		43881	43882	64590	95980
		95981	95982		
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979	E0747	E0748
		E0760			
BRCA genetic testing	Prior authorization required	81162	81211	81212	81213
		81214	81215	81216	81217
		81432	81433		
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
Circumcision	Prior authorization required	54150	54160	54161	54162
Cochlear and other auditory implants 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	69715	69718	69930
		L8614	L8619	L8690	L8691
		L8692			
Cosmetic and reconstructive procedures 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	11971	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

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Cosmetic and reconstructive procedures (cont'd)		67906 67912 67917 67924 Q2026	67908 67914 67921 67950	67909 67915 67922 67961	67911 67916 67923 67966
Dental anesthesia	Prior authorization required	00170	41899		
Durable medical equipment (DME): more than \$500 DME codes listed with a retail purchase or a cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include patient's home Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	A9279 E0445 E0481 E0641 E0710 E0766 E1004 E1008 E1161 E1233 E1237 E2100 E2325 E2373 E2626 E2630 K0013 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040	E0194 E0457 E0483 E0642 E0745 E0784 E1005 E1009 E1229 E1234 E1238 E2227 E2327 E2510 E2627 E8001 K0108 K0851 K0855 K0859 K0863 K0870 K0879 K0886 T1999	E0265 E0460 E0636 E0669 E0762 E1002 E1006 E1010 E1231 E1235 E1239 E2228 E2329 E2511 E2628 K0005 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890	E0300 E0466 E0638 E0700 E0764 E1003 E1007 E1035 E1232 E1236 E1399 E2300 E2351 E2599 E2629 K0008 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9000	B9002	B9998	
Experimental and investigational	Prior authorization required	33477 61864 64555 A9274	36514 61867 64722 E1831	55866 61868 66180	61863 61886 95978
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31267	31254 31276	31255 31287	31256 31288
Home health care	Prior authorization required only in outpatient settings, to include member's home	99503 G0300	G0153 S9123	G0162 S9124	G0299 S9474

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Injectable medications	Prior authorization required	<p>Acthar® J0800</p> <p>Botox® J0585 J0586 J0587 J0588</p> <p>Cinqair® J2786</p> <p>Exondys 51™ J2326</p> <p>IVIG 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Lemtrada® J0202</p> <p>Makena® J1726 J1729</p> <p>Nucala® J2182</p> <p>Ocrevus™ J2350</p> <p>Probuphine® J0570</p> <p>Radicava™ C9493</p> <p>Soliris® J1300</p> <p>Spinraza™ J1428</p> <p>Synagis®* 90378</p> <p>Unclassified** C9399 J3490 J3590</p> <p>Xolair®* J2357</p> <p>Please check our <i>Review at Launch for New</i></p>

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes																																								
Injectable medications (cont'd)		<p>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 <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 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 and Xolair through OptumRx prior notifications services at 800-310-6826.</p> <p>** For Unclassified codes C9399 and J3490, prior authorization is only required for Radicava. For Unclassified code J3590, prior authorization is only required for Brinuera™ and Radicava.</p>																																								
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	<table border="0"> <tr> <td>23470</td> <td>23472</td> <td>23473</td> <td>23474</td> </tr> <tr> <td>24360</td> <td>24361</td> <td>24362</td> <td>24363</td> </tr> <tr> <td>24370</td> <td>24371</td> <td>27120</td> <td>27122</td> </tr> <tr> <td>27125</td> <td>27130</td> <td>27132</td> <td>27134</td> </tr> <tr> <td>27137</td> <td>27138</td> <td>27412</td> <td>27446</td> </tr> <tr> <td>27447</td> <td>27486</td> <td>27487</td> <td>29866</td> </tr> <tr> <td>29867</td> <td>29868</td> <td></td> <td></td> </tr> </table>	23470	23472	23473	23474	24360	24361	24362	24363	24370	24371	27120	27122	27125	27130	27132	27134	27137	27138	27412	27446	27447	27486	27487	29866	29867	29868														
23470	23472	23473	23474																																							
24360	24361	24362	24363																																							
24370	24371	27120	27122																																							
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27447	27486	27487	29866																																							
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Non-emergent air ambulance transport	Prior authorization required	<table border="0"> <tr> <td>A0430</td> <td>A0431</td> <td>A0435</td> <td>A0436</td> </tr> </table>	A0430	A0431	A0435	A0436																																				
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Non-emergent ground ambulance	Prior authorization required	<table border="0"> <tr> <td>A0382</td> <td>A0398</td> <td>A0420</td> <td>A0422</td> </tr> <tr> <td>A0424</td> <td>A0425</td> <td>A0426</td> <td>A0428</td> </tr> <tr> <td>A0433</td> <td>A0434</td> <td></td> <td></td> </tr> </table>	A0382	A0398	A0420	A0422	A0424	A0425	A0426	A0428	A0433	A0434																														
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Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	<table border="0"> <tr> <td>21121</td> <td>21123</td> <td>21125</td> <td>21127</td> </tr> <tr> <td>21141</td> <td>21142</td> <td>21143</td> <td>21145</td> </tr> <tr> <td>21146</td> <td>21147</td> <td>21150</td> <td>21151</td> </tr> <tr> <td>21154</td> <td>21155</td> <td>21159</td> <td>21160</td> </tr> <tr> <td>21188</td> <td>21193</td> <td>21194</td> <td>21195</td> </tr> <tr> <td>21196</td> <td>21198</td> <td>21199</td> <td>21206</td> </tr> <tr> <td>21208</td> <td>21209</td> <td>21210</td> <td>21215</td> </tr> <tr> <td>21240</td> <td>21242</td> <td>21244</td> <td>21245</td> </tr> <tr> <td>21246</td> <td>21247</td> <td>21255</td> <td>21296</td> </tr> <tr> <td>21299</td> <td></td> <td></td> <td></td> </tr> </table>	21121	21123	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			
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Orthotics and prosthetics: more than \$500 Orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include member's home	<table border="0"> <tr> <td>L0112</td> <td>L0170</td> <td>L0456</td> <td>L0462</td> </tr> <tr> <td>L0464</td> <td>L0480</td> <td>L0482</td> <td>L0484</td> </tr> <tr> <td>L0486</td> <td>L0624</td> <td>L0629</td> <td>L0631</td> </tr> <tr> <td>L0632</td> <td>L0634</td> <td>L0636</td> <td>L0637</td> </tr> <tr> <td>L0638</td> <td>L0640</td> <td>L0700</td> <td>L0710</td> </tr> <tr> <td>L0810</td> <td>L0820</td> <td>L0830</td> <td>L0859</td> </tr> </table>	L0112	L0170	L0456	L0462	L0464	L0480	L0482	L0484	L0486	L0624	L0629	L0631	L0632	L0634	L0636	L0637	L0638	L0640	L0700	L0710	L0810	L0820	L0830	L0859																
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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Orthotics and prosthetics: more than \$500 (cont'd) Orthotic and prosthetic codes with a retail purchase or a cumulative rental cost of more than \$500</p>		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		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

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes				
Orthotics and prosthetics: more than \$500 (cont'd) Orthotic and prosthetic codes with a retail purchase or a cumulative rental cost of more than \$500		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	Prior authorization required For prior authorization, please call OptumHealth Physical Health at 800-873-4575 or the notification number on the back of the member's health plan ID card. <u>For patients age 16 and older:</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 myoptumhealthphysicalhealth.com > Resource Library > Clinical Submission Forms. If you can't submit the form online, please call OptumHealth Physical Health at 800-873-4575 . <u>For patients younger than age 16:</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 800-873-4575 .	70371	92506	92507	92508	
		92521	92522	92523	92524	
		92526	92626	92627	92630	
		92633	96105	97010	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	
		97532	97533	97535	97537	
		97542	97545	97546	97750	
		97755	97760	97761	97762	
		97799	G0129	G0151	G0152	
		G0281	G0282	G0283	G9041	
		G9043	G9044	S8990	S9152	
			OR billed with these Revenue codes:			
			419	420	421	422
			423	424	429	430
			431	432	433	434
	439	977	978			
Private duty nursing	Prior authorization required	T1000	T1002	T1003		

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31295	31296	31297	
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
Spinal surgery	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
Vagus nerve stimulation 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

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
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	Prior authorization required	36473 36475 36478 37700 37718 37722 37780
Wound vac	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
Cardiology	<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 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. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > Texas > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.</p>
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<p>Injectable chemotherapy drugs that require prior authorization:</p> <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) • Chemotherapy injectable drugs that have a Q code • 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 <p>For prior authorization, please submit requests online by using 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. Or, call 866-889-8054.</p>
Colony stimulating factor drugs	Prior authorization required for colony stimulating factor drugs administered in an outpatient setting for a cancer diagnosis	<p><u>Injectable colony stimulating factor drugs that require prior authorization:</u></p> <ul style="list-style-type: none"> • J1442 filgrastim (Neupogen®) • J1447 tbo-filgrastim (Granix®)

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>Colony stimulating factor drugs (cont'd)</p>		<ul style="list-style-type: none"> • J2505 pegfilgrastim (Neulasta®) • J2820 sargamostim (Leukine®) • Q5101 filgrastim, bio similar (Zarxio®) <p>For prior authorization, please submit requests online by using 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. Or, call 866-889-8054.</p>																																												
<p>Long-term services and supports (LTSS)/home- and community-based services (HCBS)</p>	<p>Prior authorization obtained by the member's UnitedHealthcare Community Plan Service Coordinator during the person-centered care planning process, which includes an assessment and determination of needs</p>																																													
<p>Mental health (MH)/substance use disorder (SUD)</p>	<p>Prior authorization required for services including:</p> <ul style="list-style-type: none"> • Electroconvulsive therapy • Home health services • Inpatient/residential • Intensive outpatient • Nursing facility services • Partial hospitalization program • Psychological testing <p>Prior authorization <u>not</u> required for crisis evaluations, code H2011</p>	<p>To request prior authorization, please call the number on the back of the member's health plan ID card.</p> <p>Or, fax prior authorization request to 877-450-6011. Fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Texas > Provider Forms > Standard Prior Authorization form: Texas Department of Insurance.</p> <table border="0" data-bbox="1084 1268 1511 1612"> <tr> <td>0124</td> <td>0126</td> <td>0128</td> <td>1001</td> </tr> <tr> <td>1002</td> <td>0912</td> <td>1906</td> <td>99318</td> </tr> <tr> <td>99341</td> <td>99342</td> <td>99343</td> <td>99344</td> </tr> <tr> <td>99345</td> <td>99347</td> <td>99348</td> <td>99349</td> </tr> <tr> <td>99304</td> <td>99305</td> <td>99306</td> <td>99307</td> </tr> <tr> <td>99308</td> <td>99309</td> <td>99310</td> <td>99315</td> </tr> <tr> <td>99316</td> <td>99318</td> <td>96101</td> <td>96102</td> </tr> <tr> <td>96103</td> <td>90870</td> <td>G0177</td> <td>H0012</td> </tr> <tr> <td>H0014</td> <td>H0016</td> <td>H0034</td> <td>H0046</td> </tr> <tr> <td>H0047</td> <td>H0050</td> <td>H2014</td> <td>H2017</td> </tr> <tr> <td>H2035</td> <td>H2036</td> <td>T1007</td> <td>T1017</td> </tr> </table>	0124	0126	0128	1001	1002	0912	1906	99318	99341	99342	99343	99344	99345	99347	99348	99349	99304	99305	99306	99307	99308	99309	99310	99315	99316	99318	96101	96102	96103	90870	G0177	H0012	H0014	H0016	H0034	H0046	H0047	H0050	H2014	H2017	H2035	H2036	T1007	T1017
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<p>Radiology</p>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures prior to performance:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for obtaining authorization 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 UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile</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																																																																				
Radiology (cont'd)		<p>on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCommunityPlan.com > For Health Care Professionals > Texas > Radiology > CPT Code List.</p>																																																																				
Transplants	Prior authorization required	<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 800-418-4994 or the notification number on the back of the member's health plan ID card.</p> <table border="0" data-bbox="1071 892 1518 1428"> <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" data-bbox="1071 1543 1518 1606"> <tr><td>38206</td><td>38999</td><td>J3490</td><td>J9999</td></tr> <tr><td>M0075</td><td>S2107</td><td></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		
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<p>Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p>	Prior authorization required	<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 855-282-8929.</p> <table border="0" data-bbox="1071 1785 1518 1890"> <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																																																								
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