

Advance Notification Requirements for Texas CHIP Effective May 1, 2016



General Information

This list represents our prior authorization review requirements for UnitedHealthcare Community Plan of Texas, contracted/participating providers (inpatient and outpatient unless otherwise noted). Please use the following to obtain a prior authorization review for coverage:

- **Phone:** 866-604-3267
- **Fax:** 877-940-1972
- **Online:** UnitedHealthcareOnline.com

All services rendered by a non-contracted physician, facility or other health care provider must receive prior authorization.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Bariatric surgery	Prior authorization is required. Bariatric surgery and specific obesity-related services	43644 43659 43773 43843 43848 43882 64590	43645 43770 43774 43845 43860 43886 95980	43647 43771 43775 43846 43865 43887 95981	43648 43772 43842 43847 43881 43888 95982
Bone growth stimulator	Prior authorization is required. Electronic stimulation or ultrasound to heal fractures	20974 E0749	20975	20979	E0748
BRCA genetic testing	Prior authorization is required.	81211 81216	81212 81217	81214	81215
Breast reconstruction (non-mastectomy)	Prior authorization is required. Reconstruction of the breast except when following mastectomy	19316 19328 19350 19366 19370	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
Chemotherapy	Prior authorization is required.	C9399	J3590	J3490	J9999
Circumcision members over 1 years old	Prior authorization is required.				
Cochlear and other auditory implants	Prior authorization is required. A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	69714 69930 L8617 L8622 L8628 L8693	69715 L8614 L8618 L8623 L8690	69717 L8615 L8619 L8624 L8691	69718 L8616 L8621 L8627 L8692
Cosmetic and reconstructive	Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	11960 15822 17106 21137 21175	11971 15823 17107 21138 21179	15820 15830 17108 21139 21180	15821 15847 17999 21172 21181

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Cosmetic and reconstructive (cont'd.)	Reconstructive procedures that treat a medical condition or improve or restore physiologic function	21182 21235 21263 21280 21742 30545 67901 67906 67912 67917 67924 Q2026	21183 21256 21267 21282 21743 30560 67902 67908 67914 67921 67950	21184 21260 21268 21295 28344 30620 67903 67909 67915 67922 67961	21230 21261 21275 21740 30540 67900 67904 67911 67916 67923 67966
Durable medical equipment (DME): more than \$500	<p>DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p> <p>Prior authorization is required.</p> <p>Prosthetics are not DME (<i>see Prosthetics and Orthotics notification requirement</i>).</p> <p>Advance notification required only in outpatient setting (to include home).</p> <p>Some home health care services may qualify under the DME requirement but are not subject to the \$500 threshold (<i>see Home Health Care Services</i>).</p>	A9274 A9900 E0274 E0328 E0460 E0471 E0601 E0641 E0652 E0668 E0673 E0745 E0783 E1002 E1006 E1010 E1036 E1090 E1220 E1231 E1235 E1239 E1290 E1830 E2227 E2310 E2325 E2330 E2373 E2511 E2616 E2627 E8000 K0007 K0014 K0730 K0822 K0826 K0836 K0840	A9275 E0193 E0277 E0329 E0465 E0472 E0636 E0642 E0656 E0669 E0693 E0762 E0784 E1003 E1007 E1011 E1085 E1130 E1226 E1232 E1236 E1250 E1300 E1840 E2228 E2311 E2327 E2343 E2375 E2512 E2620 E2628 E8001 K0008 K0108 K0800 K0823 K0827 K0837 K0841	A9279 E0194 E0300 E0445 E0466 E0483 E0637 E0650 E0666 E0671 E0700 E0764 E0786 E1004 E1008 E1018 E1086 E1140 E1229 E1233 E1237 E1260 E1310 E2100 E2300 E2312 E2328 E2351 E2376 E2599 E2621 E2629 E8002 K0011 K0606 K0801 K0824 K0828 K0838 K0842	A9280 E0265 E0304 E0457 E0470 E0485 E0638 E0651 E0667 E0672 E0710 E0782 E0948 E1005 E1009 E1035 E1089 E1161 E1230 E1234 E1238 E1285 E1825 E2204 E2301 E2321 E2329 E2370 E2510 E2614 E2626 E2630 K0005 K0013 K0609 K0821 K0825 K0829 K0839 K0843

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Durable medical equipment (DME): more than \$500 (cont'd.)		K0843 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0480 Q0484 Q0491 Q0503	K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 Q0481 Q0488 Q0495 Q0504	K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 Q0482 Q0489 Q0496 Q0506	K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 Q0483 Q0490 Q0502 T1999
Enteral services	<p>Prior authorization required for members younger than five with a WIC denial. Please obtain the denial from WIC.</p> <p>Prior Authorization is required for members five and older.</p> <p>In home nutritional therapy either enteral or through a gastrostomy tube</p>	B4034 B4103 B4152 B4157 B4161 B9998	B4035 B4104 B4153 B4158 B4162 B9999	B4036 B4149 B4154 B4159 B9000	B4100 B4150 B4155 B4160 B9002
Experimental and investigational	Prior authorization is required.	33477 61864 62264 64722 A9274 S1040	36514 61867 62290 66180 A9276 S8262	55866 61868 62291 95978 A9277	61863 61886 64555 96002 E1831
Functional endoscopic sinus surgery	Prior authorization is required.	31237 31255 31287	31239 31256 31288	31240 31267	31254 31276
Home health	<p>Prior authorization is required.</p> <p>Advance notification required only in outpatient setting (to include home).</p>	99503 G0156 G0160 S9123 S9129 T1002	G0151 G0157 G0299 S9124 S9131 T1003	G0152 G0158 G0300 S9127 S9474	G0153 G0159 S9122 S9128 T1000
Hospice	Carved out to state				
Injectable medications	Prior authorization is required.	<p>Acthar J0800</p> <p>Botox J0585 J0586 J0587 J0588</p> <p>IVIG 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p>			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Injectable medications (cont'd.)		Makena J1725 J2675 Synagis 90378 Xolair J2357			
Joint replacement	Prior authorization is required. Joint and total hip and knee replacement procedures	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		
Mastectomy	Prior authorization is required.				
Non-emergent air ambulance transport	Prior authorization is required.	A0430	A0431	A0435	A0436
Orthognathic surgery	Prior authorization is required. Treatment of maxillofacial (jaw) functional impairment	21121	21122	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	30465	
Orthotics and prosthetics: more than \$500 Orthotics/prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500	Orthotics/prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0458
		L0460	L0462	L0464	L0470
		L0480	L0482	L0484	L0486
	Prior authorization is required.	L0488	L0491	L0624	L0629
	Advance notification required only in outpatient setting (to include home).	L0631	L0632	L0634	L0635
		L0636	L0637	L0638	L0639
		L0640	L0700	L0710	L0810
		L0820	L0830	L0859	L1000
		L1005	L1200	L1300	L1310
		L1499	L1500	L1510	L1520
		L1680	L1685	L1686	L1690
		L1700	L1710	L1720	L1730
		L1755	L1832	L1834	L1840
		L1843	L1844	L1845	L1846
		L1860	L1932	L1945	L1950
		L1951	L1970	L2000	L2005

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Orthotics and prosthetics: more than \$500 (cont'd.) Orthotics/prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L2010 L2036 L2106 L2126 L2136 L2526 L3000 L3160 L3204 L3213 L3217 L3230 L3253 L3674 L3763 L3900 L3960 L3971 L3977 L4010 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5614 L5642 L5646 L5651 L5679 L5700 L5705 L5718 L5728 L5811 L5818	L2020 L2037 L2108 L2128 L2350 L2627 L3010 L3201 L3206 L3214 L3219 L3250 L3265 L3720 L3764 L3901 L3961 L3973 L3978 L4020 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5616 L5643 L5647 L5653 L5681 L5701 L5706 L5722 L5780 L5812 L5822	L2030 L2038 L2114 L2132 L2510 L2628 L3020 L3202 L3207 L3215 L3221 L3251 L3649 L3730 L3765 L3904 L3962 L3975 L3999 L4631 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5611 L5639 L5644 L5648 L5661 L5682 L5702 L5707 L5724 L5790 L5814 L5824	L2034 L2060 L2116 L2134 L2525 L2999 L3031 L3203 L3212 L3216 L3222 L3252 L3671 L3740 L3766 L3905 L3967 L3976 L4000 L5000 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5613 L5640 L5645 L5649 L5673 L5683 L5703 L5716 L5726 L5795 L5816 L5826

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Orthotics and prosthetics: more than \$500 (cont'd.) Orthotics/prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5930	L5950	L5960	L5961
		L5962	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L5990	L5999
		L6000	L6010	L6020	L6025
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6380
		L6382	L6384	L6400	L6450
		L6500	L6550	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6623	L6624
		L6646	L6648	L6686	L6687
		L6689	L6690	L6692	L6693
		L6694	L6695	L6696	L6697
		L6704	L6707	L6708	L6709
		L6711	L6712	L6713	L6714
		L6715	L6880	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
		L7260	L7261	L7274	L7405
		L7499	L8035	L8040	L8041
		L8042	L8043	L8044	L8045
		L8046	L8047	L8499	L8500
		L8605	L8610	V2623	V2627
<p>Proton beam therapy</p>	<p>Prior authorization is required.</p> <p>Focused radiation therapy using beams of protons (tiny particles with a positive charge)</p>	77520	77522	77523	77525
<p>Rehabilitative services (physical, speech and occupational therapy)</p>	<p>Prior authorization is required.</p>	92507	92508	92521	92522
		92523	92524	92526	97010
		97012	97014	97016	97018
		97022	97026	97028	97033

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Rehabilitative services (physical, speech and occupational therapy) (cont'd.)		97034	97039	97110	97112
		97113	97116	97124	97140
		97799	G0129	G0151	G0152
		G0153	G0157	G0158	G0159
		G0160	S8990	S9128	S9129
Rhinoplasty	Prior authorization is required.	30400	30410	30420	30430
	Treating nasal functional impairment and septal deviation	30435	30450	30460	30462
Sleep apnea procedures and surgeries	Prior authorization is required.	21685	42145	41599	
	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea				
Spinal stimulator for pain management	Prior authorization is required.	63650	63655	63685	
	Spinal cord stimulators when implanted for pain management				
Spinal surgery	Prior authorization is required.	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22865	22899	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63040	63042	63045
		63046	63047	63050	63055
		63056	63064	63075	63077
		63081	63085	63087	63090
		63101	63102	63170	63172
		63173	63180	63182	63185
		63190	63191	63194	63195
		63196	63198	63199	63200
		63250	63251	63252	63265
		63267	63268	63270	63271
		63272	63286	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	64553
		64570	0092T		
Vagus nerve stimulation	Prior authorization is required.	61885	64568	L8680	L8682
	Implantation of a device that sends electrical impulses into one of the cranial nerves.	L8685	L8686	L8687	L8688

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Vein procedures	<p>Prior authorization is required.</p> <p>Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities</p>	<p>36475 36478 37700 37718 37722 37780</p>
Wound vac	Prior authorization is required.	E2402

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
Behavioral health services	<p>Behavioral health services through a designated behavioral health network</p> <p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p>	<p>Prior authorization is required.</p> <p>Please call the number on the member's ID card when referring for mental health and substance abuse/substance use services.</p>
Cardiology prior authorization	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based and 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>Prior authorization is required.</p> <p>Request prior authorization by calling 866-889-8054.</p> <p>For more information, including a list of the CPT codes that require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > Texas > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.</p>
Out-of-network services	A referral to a health care provider not contracted with UnitedHealthcare	All out-of-network services require prior authorization.
Radiology prior authorization	<p>Prior authorization required for these advanced outpatient imaging procedures: CT, MRI, MRA, PET scan, nuclear medicine and nuclear cardiology procedures.</p> <p>The health care professional ordering an advanced outpatient imaging procedure is responsible for requesting and completing the prior authorization process before scheduling the procedure.</p>	<p>Prior authorization is required.</p> <p>Request prior authorization by calling 866-889-8054.</p> <p>For more information and a list of CPT codes that require prior authorization, go to UHCCommunityPlan.com > For Health Care Professionals > Texas > Radiology > CPT Code List.</p>
Transplants		<p>Prior authorization is required.</p> <p>For transplant services, call OptumHealth at 800-418-4994 or the notification number on the back of the member's ID card.</p>

Additional Advance Notification and Prior Authorization Programs					
Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization			
Transplants (cont'd.)		32850	32851	32852	32853
		32854	32855	32856	33226
		33930	33933	33935	33940
		33944	33945	38205	38206
		38207	38208	38209	38210
		38211	38212	38213	38214
		38215	38230	38232	38240
		38241	38242	44010	44015
		44020	44021	44025	44050
		44055	44100	44110	44111
		44120	44121	44125	44126
		44127	44128	44130	44132
		44133	44135	44136	44137
		44715	44720	44721	47133
		47135	47136	47140	47141
		47142	47143	47144	47145
		47146	47147	48160	48550
		48551	48552	48554	48556
		50300	50320	50323	50325
		50327	50328	50329	50340
		50360	50365	50370	50380
		50547	54680	60512	0051T
		0052T	0053T	S2053	S2054
		S2055	S2060	S2061	S2065
		S2103	S2152	S9975	
		Ventricular assist devices	A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Fax OptumHealth directly at 877-814-0488 or call the notification number on the back of the member's ID card.	
Q0505	Q0507			Q0508	33975
33976	33979			33981	33982
33983					