

# Advance Notification Requirements for Texas Star/Star Plus 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			
<b>Bariatric surgery</b>	Prior authorization is required.  Bariatric surgery and specific obesity-related services	43644	43645	43647	43648
		43659	43770	43771	43772
		43773	43774	43775	43842
		43843	43845	43846	43847
		43848	43860	43865	43881
		43882	43886	43887	43888
		64590	95980	95981	95982
<b>Bone growth stimulator</b>	Prior authorization is required.  Electronic stimulation or ultrasound to heal fractures	20974	20975	20979	E0747
		E0748			
<b>BRCA genetic testing</b>	Prior authorization is required.	81162	81211	81212	81213
		81214	81215	81216	81217
		81432	81433		
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization is required.  Reconstruction of the breast except when following mastectomy	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
<b>Circumcision for members over 1 years old</b>	Prior authorization is required.				
<b>Cochlear and other auditory implants</b>	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	69715	69717	69718
		69930	L8614	L8615	L8616
		L8617	L8618	L8619	L8621
		L8622	L8623	L8624	L8627
		L8628	L8690	L8691	L8692
		L8693			
<b>Cosmetic and reconstructive</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	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	21260	21261

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Cosmetic and reconstructive (cont'd.)</b>	<p>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p>	21263 21280 21742 30545 67901 67906 67912 67917 67924 Q2026	21267 21282 21743 30560 67902 67908 67914 67921 67950	21268 21295 28344 30620 67903 67909 67915 67922 67961	21275 21740 30540 67900 67904 67911 67916 67923 67966
<b>Durable medical equipment (DME): more than \$500</b>	<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 (see <i>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 (see <i>Home Health Care Services</i>).</p>	A9274 E0193 E0300 E0445 E0466 E0483 E0641 E0652 E0668 E0673 E0762 E0784 E1003 E1007 E1011 E1086 E1140 E1229 E1233 E1237 E1260 E1310 E1840 E2228 E2321 E2329 E2370 E2510 E2614 E2626 E2630 K0008 K0606 K0801 K0823 K0827 K0837 K0841 K0849 K0853 K0857 K0861	A9275 E0194 E0304 E0457 E0470 E0601 E0642 E0656 E0669 E0700 E0764 E0786 E1004 E1008 E1018 E1089 E1161 E1230 E1234 E1238 E1285 E1399 E2100 E2310 E2325 E2330 E2373 E2511 E2616 E2627 E8001 K0011 K0609 K0802 K0824 K0828 K0838 K0842 K0850 K0854 K0858 K0862	A9279 E0265 E0328 E0460 E0471 E0637 E0650 E0666 E0671 E0710 E0782 E0984 E1005 E1009 E1035 E1090 E1220 E1231 E1235 E1239 E1290 E1825 E2204 E2311 E2327 E2343 E2375 E2512 E2620 E2628 K0005 K0013 K0730 K0821 K0825 K0829 K0839 K0843 K0851 K0855 K0859 K0863	A9900 E0277 E0329 E0465 E0472 E0638 E0651 E0667 E0672 E0745 E0783 E1002 E1006 E1010 E1085 E1130 E1226 E1232 E1236 E1250 E1300 E1830 E2227 E2312 E2328 E2351 E2376 E2599 E2621 E2629 K0007 K0108 K0800 K0822 K0826 K0836 K0840 K0848 K0852 K0856 K0860 K0864

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<b>Durable medical equipment (DME): more than \$500</b>	<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 (see <i>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 (see <i>Home Health Care Services</i>).</p>	K0868 K0877 K0884 K0891 Q0481 Q0488 Q0495 Q0504	K0869 K0878 K0885 K0898 Q0482 Q0489 Q0496 Q0506	K0870 K0879 K0886 K0899 Q0483 Q0490 Q0502 T1999	K0871 K0880 K0890 Q0480 Q0484 Q0491 Q0503
<b>Enteral services</b>	<p>Prior authorization is required.</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	B4036 B4149 B4154 B4159 B9000	B4100 B4150 B4155 B4160 B9002
<b>Experimental and investigational</b>	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
<b>Femoroacetabular impingement syndrome (FAI)</b>		29914	29915	29916	
<b>Functional endoscopic sinus surgery</b>		31237 31255 31287	31239 31256 31288	31240 31267	31254 31276
<b>Gynecomastia</b>	Prior authorization is required.				
<b>Home health</b>	<p>Prior authorization is required.</p> <p>Advance notification required only in outpatient setting (to include home).</p>	99503 G0155 G0159 S9122 S9128 T1000	G0151 G0156 G0160 S9123 S9129 T1002	G0152 G0157 G0299 S9124 S9131 T1003	G0153 G0158 G0300 S9127 S9474
<b>Hospice</b>	Star Plus members require prior authorization				
<b>Injectable medications</b>	Prior authorization is required.		<b>Acthar</b> J0800		

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Injectable medications (cont'd.)		<b>Botox</b> J0585    J0586    J0587    J0588 <b>IVIG</b> 90283    90284    J1459    J1556 J1557    J1559    J1561    J1566 J1568    J1569    J1572    J1575 J1599 <b>Makena</b> J1725    J2675 <b>Synagis</b> 90378 <b>Xolair</b> 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			
Non-emergent air ambulance transport	Prior authorization is required.	A0430    A0431    A0435    A0436			
Non-emergent ground ambulance	Prior authorization is required.	A0382    A0398    A0420    A0422 A0424    A0425    A0426    A0428 A0433    A0434			
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			
<b>Orthotics and prosthetics: more than \$500</b> Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500	Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500  Texas Star: Prior authorization required for members under 21 years of age  Texas Star Plus: Prior authorization required for members under 21 years of age and Star Plus Waiver members of	L0112    L0170    L0456    L0458 L0460    L0462    L0464    L0470 L0480    L0482    L0484    L0486 L0488    L0491    L0624    L0629 L0631    L0632    L0634    L0635 L0636    L0637    L0638    L0639 L0640    L0700    L0710    L0810 L0820    L0830    L0859    L1000 L1005    L1200    L1300    L1310			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Orthotics and prosthetics: more than \$500 (cont'd.)</b> Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	<p>any age</p> <p>Advance notification required only in outpatient setting (to include home).</p>	<p>L1499 L1690 L1730 L1840 L1846 L1950 L2005 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 L5845 L5858 L5961 L5968</p>	<p>L1680 L1700 L1755 L1843 L1860 L1951 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 L5828 L5848 L5930 L5962 L5973</p>	<p>L1685 L1710 L1832 L1844 L1932 L1970 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 L5830 L5856 L5950 L5964 L5976</p>	<p>L1686 L1720 L1834 L1845 L1945 L2000 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 L5840 L5857 L5960 L5966 L5979</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Orthotics and prosthetics: more than \$500 (cont'd.)</b> Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L5980 L5986 L5999 L6025 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L7499 L8042 L8046 L8605	L5981 L5987 L6000 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7260 L8035 L8043 L8047 L8610	L5982 L5988 L6010 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6880 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L7261 L8040 L8044 L8499 V2623	L5984 L5990 L6020 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L7405 L8041 L8045 L8500 V2627
<p><b>Proton beam therapy</b></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><b>Rehabilitative services (physical, speech and occupational therapy)</b></p>	<p>Prior authorization is required.</p>	92507 92523 97014 97026 97039 97116 G0151 G0158 S9128	92508 92524 97016 97028 97110 97124 G0152 G0159 S9129	92521 92526 97018 97033 97112 97140 G0153 G0160	92522 97012 97022 97034 97113 97799 G0157 S8990
<p><b>Rhinoplasty</b></p>	<p>Prior authorization is required.</p> <p>Treating nasal functional impairment and septal deviation</p>	30400 30435	30410 30450	30420 30460	30430 30462

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Sleep apnea procedures and surgeries</b>	Prior authorization is required. Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	21685	42145	41599	
<b>Spinal stimulator for pain management</b>	Prior authorization is required.  Spinal cord stimulators when implanted for pain management	63650	63655	63685	
<b>Spinal surgery</b>	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		
<b>Vagus nerve stimulation</b>	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
<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	36468	36475	36478	37700
		37718	37722	37780	
	Prior authorization is required.				
<b>Wound vac</b>	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																																												
<b>Behavioral health services</b>	<p>Prior authorization is required.</p> <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>Please call the number on the member's ID card when referring for mental health and substance abuse/substance use services.</p>																																												
<b>Cardiology prior authorization program</b>	<p>Prior authorization is required.</p> <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>Request prior authorization by calling <b>866-889-8054</b>.</p> <p>For more information, including a list of the CPT codes that require prior authorization, please visit <a href="http://UHCCommunityPlan.com">UHCCommunityPlan.com</a> &gt; <i>Cardiology &gt; Cardiology Prior Authorization CPT Code Crosswalk</i>.</p>																																												
<b>Out-of-network services</b>	<p>A referral to a health care provider not contracted with UnitedHealthcare</p>	<p>All out-of-network services require prior authorization.</p>																																												
<b>Radiology prior authorization</b>	<p>Prior authorization is required.</p> <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>Request prior authorization by calling <b>866-889-8054</b>.</p> <p>For more information and a list of CPT codes that require prior authorization, go to <a href="http://UHCCommunityPlan.com">UHCCommunityPlan.com</a> &gt; <i>Radiology &gt; 2014 CPT Code List</i>.</p>																																												
<b>Transplants</b>	<p>Prior authorization is required.</p>	<p>For transplant services, call OptumHealth at <b>800-418-4994</b> or the notification number on the back of the member's ID card.</p> <table border="0" data-bbox="1084 1612 1490 1963"> <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>33226</td></tr> <tr><td>33930</td><td>33933</td><td>33935</td><td>33940</td></tr> <tr><td>33944</td><td>33945</td><td>38205</td><td>38206</td></tr> <tr><td>38207</td><td>38208</td><td>38209</td><td>38210</td></tr> <tr><td>38211</td><td>38212</td><td>38213</td><td>38214</td></tr> <tr><td>38215</td><td>38230</td><td>38232</td><td>38240</td></tr> <tr><td>38241</td><td>38242</td><td>44010</td><td>44015</td></tr> <tr><td>44020</td><td>44021</td><td>44025</td><td>44050</td></tr> <tr><td>44055</td><td>44100</td><td>44110</td><td>44111</td></tr> <tr><td>44120</td><td>44121</td><td>44125</td><td>44126</td></tr> </table>	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
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**Additional Advance Notification and Prior Authorization Programs**

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<b>Transplants (cont'd.)</b>		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
<b>Ventricular assist devices</b>	Prior authorization is required.  A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Fax OptumHealth directly at <b>877-814-0488</b> or call the notification number on the back of the member's ID card.  Q0505 Q0507 Q0508 Q0509 33975 33976 33979 33981 33982 33983