

Prior Authorization Requirements for STAR Kids, Effective April 1, 2017



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:** UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **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	20974	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	21260	21261
		21263	21267	21268	21275
		21280	21282	21295	21740
		21742	21743	28344	30540

Prior Authorization Requirements for STAR Kids
Effective April 1, 2017

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Cosmetic and reconstructive procedures (cont'd)		30545 67901 67906 67912 67917 67924 Q2026	30560 67902 67908 67914 67921 67950	30620 67903 67909 67915 67922 67961	67900 67904 67911 67916 67923 67966
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 Prior authorization required for continuous positive airway pressure therapy (CPAP) and bilevel positive airway pressure (BiPAP) Prosthetics are not DME – see <i>Orthotics and prosthetics</i>	A9279 E0265 E0328 E0460 E0471 E0636 E0642 E0667 E0700 E0764 E0784 E1004 E1008 E1018 E1089 E1161 E1231 E1235 E1239 E1290 E1825 E2204 E2310 E2325 E2330 E2373 E2511 E2626 E2630 K0008 K0606 K0802 K0824 K0828 K0838 K0842 K0850 K0854	A9900 E0277 E0329 E0465 E0472 E0637 E0650 E0668 E0710 E0766 E0786 E1005 E1009 E1035 E1090 E1220 E1232 E1236 E1250 E1300 E1830 E2227 E2311 E2327 E2343 E2375 E2512 E2627 E8001 K0011 K0730 K0821 K0825 K0829 K0839 K0843 K0851 K0855	E0193 E0300 E0445 E0466 E0483 E0638 E0651 E0669 E0745 E0782 E1002 E1006 E1010 E1085 E1130 E1229 E1233 E1237 E1260 E1310 E1840 E2228 E2312 E2328 E2351 E2376 E2599 E2628 K0005 K0013 K0800 K0822 K0826 K0836 K0840 K0848 K0852 K0856	E0194 E0304 E0457 E0470 E0601 E0641 E0652 E0673 E0762 E0783 E1003 E1007 E1011 E1086 E1140 E1230 E1234 E1238 E1285 E1399 E2100 E2300 E2321 E2329 E2370 E2510 E2616 E2629 K0007 K0108 K0801 K0823 K0827 K0837 K0841 K0849 K0853 K0857

**Prior Authorization Requirements for STAR Kids
Effective April 1, 2017**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Durable medical equipment (DME): more than \$500 (cont'd) DME codes listed with a retail purchase or a cumulative rental cost of more than \$500		K0858 K0862 K0869 K0878 K0885 K0898	K0859 K0863 K0870 K0879 K0886 K0899	K0860 K0864 K0871 K0880 K0890 T1999	K0861 K0868 K0877 K0884 K0891
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4103 B4152 B4159 B9002	B4035 B4104 B4153 B4160 B9998	B4036 B4149 B4155 B4161	B4100 B4150 B4158 B9000
Experimental and investigational	Prior authorization required	33477 61864 62264 64722 95967 E1831	36514 61867 62290 66180 95978 S1040	55866 61868 62291 95965 96002 S8262	61863 61886 64555 95966 A9274
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31239 31256 31288	31240 31267	31254 31276	31255 31287
Home health services	Prior authorization required only in outpatient settings, to include member's home	99503 G0155 G0300 S9127 S9474	G0151 G0156 S9122 S9128	G0152 G0162 S9123 S9129	G0153 G0299 S9124 S9131
Injectable medications	Prior authorization required	Acthar J0800 Botox J0585 J0586 J0587 J0588 Cinqair J2786 IVIG 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 Makena J1725 J2675 Nucala J2182			

**Prior Authorization Requirements for STAR Kids
Effective April 1, 2017**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Injectable medications (cont'd)		Probuphine J0570 Synagis* 90378 Unclassified** J3490 J3590 Xolair* J2357 <i>*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</i> <i>**For Unclassified codes J3490 and J3590, prior authorization is only required for Ocrevus™.</i>			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	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 required	A0430	A0431	A0435	A0436
Non-emergent ground ambulance	Prior authorization required	A0382	A0398	A0420	A0422
		A0424	A0425	A0426	A0428
		A0433	A0434		
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	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	30465		
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	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859

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 L1310 L1700 L1755 L1844 L1945 L2005 L2034 L2060 L2128 L2525 L2999 L3202 L3207 L3215 L3221 L3251 L3649 L3730 L3765 L3904 L3971 L3977 L4010 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5616 L5643 L5647 L5653 L5682 L5702 L5707 L5724 L5790 L5814 L5824	L1005 L1499 L1710 L1832 L1845 L1950 L2010 L2036 L2106 L2136 L2526 L3000 L3203 L3212 L3216 L3222 L3252 L3671 L3740 L3766 L3905 L3973 L3978 L4020 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5611 L5639 L5644 L5648 L5661 L5683 L5703 L5716 L5726 L5795 L5816 L5826	L1200 L1680 L1720 L1834 L1846 L1970 L2020 L2037 L2108 L2350 L2627 L3160 L3204 L3213 L3217 L3230 L3253 L3674 L3763 L3900 L3961 L3975 L3999 L4631 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5613 L5640 L5645 L5649 L5673 L5700 L5705 L5718 L5728 L5811 L5818 L5828	L1300 L1685 L1730 L1840 L1860 L2000 L2030 L2038 L2126 L2510 L2628 L3201 L3206 L3214 L3219 L3250 L3265 L3720 L3764 L3901 L3967 L3976 L4000 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5614 L5642 L5646 L5651 L5681 L5701 L5706 L5722 L5780 L5812 L5822 L5830

**Prior Authorization Requirements for STAR Kids
Effective April 1, 2017**



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>		L5840	L5845	L5848	L5856
		L5857	L5858	L5930	L5950
		L5960	L5961	L5962	L5964
		L5966	L5968	L5973	L5976
		L5979	L5980	L5981	L5982
		L5984	L5986	L5987	L5988
		L5990	L5999	L6000	L6010
		L6020	L6026	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	L7405	L7499
		L8035	L8040	L8041	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8500	L8610
		V2623	V2627		
<p>Private duty nursing</p>	<p>Prior authorization required</p>	T1000	T1002	T1003	
<p>Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge</p>	<p>Prior authorization required</p>	77520	77522	77523	77525
<p>Rehabilitative services – physical, speech and occupational therapy</p>	<p>Prior authorization required</p>	92507	92508	92526	97010
		97012	97014	97016	97018
		97022	97026	97028	97033
		97034	97039	97110	97112
		97113	97116	97124	97140
		97530	97799	G0129	S8990

**Prior Authorization Requirements for STAR Kids
Effective April 1, 2017**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435	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

**Prior Authorization Requirements for STAR Kids
Effective April 1, 2017**



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	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance. Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance.	For prior authorization, please submit requests online at UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Cardiology Notification & Authorization – Submission & Status , or call 866-889-8054 . 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 .
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>To submit a prior authorization online request for injectable chemotherapy drugs, please log on to UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Oncology Authorization Submission and Status > Submit or Look Up Chemotherapy Prior Authorization Request.</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>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"> • Inpatient/residential • Partial hospitalization program • Intensive outpatient • Home health services • Nursing facility services • Psychological testing • Electroconvulsive therapy <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"> <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
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																																											
<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 at UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Radiology Notification & Authorization – Submission & Status, 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 > Radiology > 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>Transplants</p>	<p>Prior authorization required</p>	<p>For transplant services, 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 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>	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		
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																																																													
<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>	<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 855-282-8929.</p> <table border="0"> <tr><td>33975</td><td>33976</td><td>33979</td><td>33981</td></tr> <tr><td>33982</td><td>33983</td><td>0051T</td><td>0052T</td></tr> <tr><td>0053T</td><td>Q0507</td><td>Q0508</td><td>Q0509</td></tr> </table>	33975	33976	33979	33981	33982	33983	0051T	0052T	0053T	Q0507	Q0508	Q0509																																																
33975	33976	33979	33981																																																											
33982	33983	0051T	0052T																																																											
0053T	Q0507	Q0508	Q0509																																																											