

# Prior Authorization Requirements for STAR+PLUS Effective April 1, 2017



## General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan STAR+PLUS 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](http://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	43645	43648	43659
		43770	43775	43842	43845
		43846	43847	43848	43860
		43881	43882	64590	95980
		95981	95982		
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	E0747
		E0748	E0760		
<b>BRCA genetic testing</b>	Prior authorization required	81162	81211	81212	81213
		81214	81215	81216	81217
		81432	81433		
<b>Breast reconstruction (non-mastectomy)</b> 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
<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 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			
<b>Cosmetic and reconstructive</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological 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

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<p><b>Cosmetic and reconstructive (cont'd)</b> 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
<p><b>Durable medical equipment (DME): more than \$500</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	<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 but are not subject to the cost threshold – see <i>Home health services</i></p>	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	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	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	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

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<b>Durable medical equipment (DME): more than \$500 (cont'd)</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$500		K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898	K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899	K0852 K0856 K0860 K0864 K0871 K0880 K0890 T1999	K0853 K0857 K0861 K0868 K0877 K0884 K0891
<b>Enteral services</b> 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
<b>Experimental and investigational</b>	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
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31239 31256 31288	31240 31267	31254 31276	31255 31287
<b>Home health services</b>	Prior authorization required only in outpatient settings, to include member's home	99503 G0155 S9122 S9128	G0151 G0156 S9123 S9129	G0152 G0299 S9124 S9131	G0153 G0300 S9127 S9474
<b>Injectable medications</b>	Prior authorization required	<b>Acthar</b> J0800  <b>Botox</b> J0585      J0586      J0587      J0588  <b>Cinqair</b> J2786  <b>IVIG</b> 90284      J1459      J1556      J1557 J1559      J1561      J1566      J1568 J1569      J1572      J1575      J1599  <b>Makena</b> J1725      J2675  <b>Nucala</b>			

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<b>Injectable medications (cont'd)</b>		J2182 <b>Probuphine</b> J0570  <b>Synagis*</b> 90378  <b>Unclassified**</b> J3490    J3590  <b>Xolair*</b> J2357  *Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at <b>800-310-6826</b> .  **For Unclassified codes J3490 and J3590, prior authorization is only required for Ocrevus™.			
<b>Joint replacement</b> 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		
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Non-emergent ground ambulance</b>	Prior authorization required	A0382	A0398	A0420	A0422
		A0424	A0425	A0426	A0428
		A0433	A0434		
<b>Orthognathic surgery</b> 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		
<b>Orthotics and prosthetics: more than \$500</b> Orthotics and prosthetic codes listed with a retail purchase or 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
		L1000	L1005	L1200	L1300

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<p><b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1832	L1834	L1840
		L1844	L1845	L1846	L1860
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2128	L2136	L2350	L2510
		L2525	L2526	L2627	L2628
		L2999	L3000	L3160	L3201
		L3202	L3203	L3204	L3206
		L3207	L3212	L3213	L3214
		L3215	L3216	L3217	L3219
		L3221	L3222	L3230	L3250
		L3251	L3252	L3253	L3265
		L3649	L3671	L3674	L3720
		L3730	L3740	L3763	L3764
		L3765	L3766	L3900	L3901
		L3904	L3905	L3961	L3962
		L3967	L3971	L3973	L3975
		L3976	L3977	L3978	L3999
		L4000	L4010	L4020	L4631
		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	L5611	L5613
		L5614	L5616	L5639	L5640
		L5642	L5643	L5644	L5645
		L5646	L5647	L5648	L5649
		L5651	L5653	L5661	L5673
		L5681	L5682	L5683	L5700
		L5701	L5702	L5703	L5705
		L5706	L5707	L5716	L5718
		L5722	L5724	L5726	L5728
		L5780	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5840	L5845	L5848
		L5856	L5857	L5858	L5930
		L5950	L5960	L5961	L5962

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<b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500		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			
<b>Outpatient therapy</b>	Prior authorization required	92507	92508	92526	97010
		97012	97014	97016	97018
		97022	97026	97028	97033
		97034	97039	97110	97112
		97113	97116	97124	97140
		97799	G0129	S8990	
<b>Personal care service</b>	Prior authorization required	S5125			
<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
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating 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	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			
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885	64568	L8680	L8682
		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	Prior authorization required	36473	36475	36478	37700
		37718	37722	37780	
<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
Behavioral health services	<p>Prior authorization 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>
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 at <a href="http://UnitedHealthcareOnline.com">UnitedHealthcareOnline.com</a> &gt; <a href="#">Notifications/Prior Authorizations &gt; Cardiology Notification &amp; Authorization – Submission &amp; Status</a>, or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCCommunityPlan.com">UHCCommunityPlan.com</a> &gt; <a href="#">For Health Care Professionals &gt; Texas &gt; Cardiology &gt; Cardiology Prior Authorization CPT Code Crosswalk</a>.</p>
Chemotherapy	<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), Levoleukovorin (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>To submit a prior authorization online request for injectable chemotherapy drugs, please log on to <a href="http://UnitedHealthcareOnline.com">UnitedHealthcareOnline.com</a> &gt; <a href="#">Notifications/Prior Authorizations &gt; Oncology Authorization Submission and Status &gt; Submit or Look Up Chemotherapy Prior Authorization Request</a>.</p>
Long term services and supports (LTSS)/home and community-based services (HCBS)	<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>	
Radiology	<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> </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</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			
<b>Radiology (cont'd)</b>	<ul style="list-style-type: none"> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	requests online at <a href="http://UnitedHealthcareOnline.com">UnitedHealthcareOnline.com</a> > <a href="#">Notifications/Prior Authorizations &gt; Radiology Notification &amp; Authorization - Submission &amp; Status</a> , or call <b>866-889-8054</b> .  For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCCommunityPlan.com">UHCCommunityPlan.com</a> > <a href="#">For Health Care Professionals &gt; Texas &gt; Radiology &gt; CPT Code List</a> .			
<b>Transplants</b>	Prior authorization required	For transplant services, 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 ID card.			
		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		
<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	Prior authorization required	Please call the notification number on the back of the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> .			
		33975	33976	33979	33981
		33982	33983	0051T	0052T
		0053T	Q0507	Q0508	Q0509