

Prior Authorization Requirements for STAR+PLUS Effective July 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 > 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 for members older than age 1	54150	54160	54161	54162
Cochlear implants and other auditory implants 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			
Cosmetic and reconstructive 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

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Cosmetic and reconstructive (cont'd)		21280 21742 30545 67901 67906 67912 67917 67924 Q2026	21282 21743 30560 67902 67908 67914 67921 67950	21295 28344 30620 67903 67909 67915 67922 67961	21740 30540 67900 67904 67911 67916 67923 67966																																																																																																																				
Durable medical equipment (DME) - incontinence supplies	<p>Incontinence supplies are a benefit only when provided through Longhorn Health Solutions.</p> <p>For more information, please visit UHCCommunityPlan.com > For Health Care Professionals > Texas > Bulletins > Alerts > DME Incontinent Supplies Change in Authorization Effective Sept. 1, 2016.</p>	To request incontinence supplies, please call Longhorn Health Solutions at 866-295-2319 .																																																																																																																							
<p>Durable medical equipment (DME): more than \$500 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 care</i>.</p>	<table border="0"> <tr><td>A9279</td><td>A9900</td><td>E0193</td><td>E0194</td></tr> <tr><td>E0265</td><td>E0277</td><td>E0300</td><td>E0304</td></tr> <tr><td>E0328</td><td>E0329</td><td>E0445</td><td>E0457</td></tr> <tr><td>E0460</td><td>E0465</td><td>E0466</td><td>E0470</td></tr> <tr><td>E0471</td><td>E0472</td><td>E0483</td><td>E0601</td></tr> <tr><td>E0636</td><td>E0637</td><td>E0638</td><td>E0641</td></tr> <tr><td>E0642</td><td>E0650</td><td>E0651</td><td>E0652</td></tr> <tr><td>E0667</td><td>E0668</td><td>E0669</td><td>E0673</td></tr> <tr><td>E0700</td><td>E0710</td><td>E0745</td><td>E0762</td></tr> <tr><td>E0764</td><td>E0766</td><td>E0782</td><td>E0783</td></tr> <tr><td>E0784</td><td>E0786</td><td>E1002</td><td>E1003</td></tr> <tr><td>E1004</td><td>E1005</td><td>E1006</td><td>E1007</td></tr> <tr><td>E1008</td><td>E1009</td><td>E1010</td><td>E1011</td></tr> <tr><td>E1018</td><td>E1035</td><td>E1085</td><td>E1086</td></tr> <tr><td>E1089</td><td>E1090</td><td>E1130</td><td>E1140</td></tr> <tr><td>E1161</td><td>E1220</td><td>E1229</td><td>E1230</td></tr> <tr><td>E1231</td><td>E1232</td><td>E1233</td><td>E1234</td></tr> <tr><td>E1235</td><td>E1236</td><td>E1237</td><td>E1238</td></tr> <tr><td>E1239</td><td>E1250</td><td>E1260</td><td>E1285</td></tr> <tr><td>E1290</td><td>E1300</td><td>E1310</td><td>E1399</td></tr> <tr><td>E1825</td><td>E1830</td><td>E1840</td><td>E2100</td></tr> <tr><td>E2204</td><td>E2227</td><td>E2228</td><td>E2300</td></tr> <tr><td>E2310</td><td>E2311</td><td>E2312</td><td>E2321</td></tr> <tr><td>E2325</td><td>E2327</td><td>E2328</td><td>E2329</td></tr> <tr><td>E2330</td><td>E2343</td><td>E2351</td><td>E2370</td></tr> <tr><td>E2373</td><td>E2375</td><td>E2376</td><td>E2510</td></tr> <tr><td>E2511</td><td>E2512</td><td>E2599</td><td>E2616</td></tr> <tr><td>E2626</td><td>E2627</td><td>E2628</td><td>E2629</td></tr> <tr><td>E2630</td><td>E8001</td><td>K0005</td><td>K0007</td></tr> </table>				A9279	A9900	E0193	E0194	E0265	E0277	E0300	E0304	E0328	E0329	E0445	E0457	E0460	E0465	E0466	E0470	E0471	E0472	E0483	E0601	E0636	E0637	E0638	E0641	E0642	E0650	E0651	E0652	E0667	E0668	E0669	E0673	E0700	E0710	E0745	E0762	E0764	E0766	E0782	E0783	E0784	E0786	E1002	E1003	E1004	E1005	E1006	E1007	E1008	E1009	E1010	E1011	E1018	E1035	E1085	E1086	E1089	E1090	E1130	E1140	E1161	E1220	E1229	E1230	E1231	E1232	E1233	E1234	E1235	E1236	E1237	E1238	E1239	E1250	E1260	E1285	E1290	E1300	E1310	E1399	E1825	E1830	E1840	E2100	E2204	E2227	E2228	E2300	E2310	E2311	E2312	E2321	E2325	E2327	E2328	E2329	E2330	E2343	E2351	E2370	E2373	E2375	E2376	E2510	E2511	E2512	E2599	E2616	E2626	E2627	E2628	E2629	E2630	E8001	K0005	K0007
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Durable medical equipment (DME): more than \$500 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$500		K0008	K0011	K0013	K0108
		K0606	K0730	K0800	K0801
		K0802	K0821	K0822	K0823
		K0824	K0825	K0826	K0827
		K0828	K0829	K0836	K0837
		K0838	K0839	K0840	K0841
		K0842	K0843	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		K0898	K0899	T1999	
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4103	B4104	B4149	B4150
		B4152	B4153	B4155	B4158
		B4159	B4160	B4161	B9000
		B9002	B9998		
Experimental and investigational	Prior authorization required	33477	36514	55866	61863
		61864	61867	61868	61886
		62264	62290	62291	64555
		64722	66180	95965	95966
		95967	95978	96002	A9274
		E1831	S1040		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31239	31240	31254	31255
		31256	31267	31276	31287
		31288			
Home health care	Prior authorization required only in outpatient settings, to include member's home	99503	G0151	G0152	G0153
		G0155	G0156	G0299	G0300
		S9122	S9123	S9124	S9127
		S9128	S9129	S9131	S9474
Injectable medications	Prior authorization required	Acthar® J0800			
		Botox® J0585 J0586 J0587 J0588			
		Cinqair® J2786			
		IVIG 90284 J1459 J1556 J1557			

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Injectable medications (cont'd)		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	J1599
		Makena®			
		J1725	J2675		
		Nucala®			
		J2182			
		Probuphine®			
		J0570			
		Synagis®*			
		90378			
		Unclassified**			
		J3490	J3590		
		Xolair®*			
		J2357			
		* Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826 .			
		** For Unclassified codes J3490 and J3590, prior authorization is only required for Exondys 51™, Ocrevus™ and Spinraza™.			
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		

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<p>Orthotics and prosthetics: more than \$500 Orthotics and prosthetic 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 member's home</p>	<p>L0112 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1844 L1945 L2005 L2034 L2060 L2128 L2525 L2999 L3202 L3207 L3215 L3221 L3251 L3649 L3730 L3765 L3904 L3967 L3976 L4000 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5614 L5642 L5646 L5651 L5681 L5701 L5706</p>	<p>L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1832 L1845 L1950 L2010 L2036 L2106 L2136 L2526 L3000 L3203 L3212 L3216 L3222 L3252 L3671 L3740 L3766 L3905 L3971 L3977 L4010 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5616 L5643 L5647 L5653 L5682 L5702 L5707</p>	<p>L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1834 L1846 L1970 L2020 L2037 L2108 L2350 L2627 L3160 L3204 L3213 L3217 L3230 L3253 L3674 L3763 L3900 L3961 L3973 L3978 L4020 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5611 L5639 L5644 L5648 L5661 L5683 L5703 L5716</p>	<p>L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1840 L1860 L2000 L2030 L2038 L2126 L2510 L2628 L3201 L3206 L3214 L3219 L3250 L3265 L3720 L3764 L3901 L3962 L3975 L3999 L4631 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5613 L5640 L5645 L5649 L5673 L5700 L5705 L5718</p>

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Orthotics and prosthetics: more than \$500 (cont'd) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L5722 L5780 L5812 L5822 L5830 L5856 L5950 L5964 L5976 L5982 L5988 L6010 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6880 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L7499 L8042 L8046 L8610	L5724 L5790 L5814 L5824 L5840 L5857 L5960 L5966 L5979 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 L8035 L8043 L8047 V2623	L5726 L5795 L5816 L5826 L5845 L5858 L5961 L5968 L5980 L5986 L5999 L6026 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L8040 L8044 L8499 V2627	L5728 L5811 L5818 L5828 L5848 L5930 L5962 L5973 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 L7405 L8041 L8045 L8500
<p>Outpatient therapy</p>	<p>Prior authorization required</p> <p>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.</p>	70371 92521 92526 92633 97014 97024 97033 97039	92506 92522 92626 96105 97016 97026 97034 97110	92507 92523 92627 97010 97018 97028 97035 97112	92508 92524 92630 97012 97022 97032 97036 97113

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Outpatient therapy (cont'd)		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	S9129
		S9131	S9152		
		OR billed with these Revenue codes:			
		419	420	421	422
		423	424	429	430
		431	432	433	434
		439	977	978	
Personal care service	Prior authorization required	S5125			
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
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	30410	30420	30430
		30435	30450	30460	30462
Sinuplasty	Prior authorization required	31295	31296	31297	
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating 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	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

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Spinal surgery (cont'd)		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			
Vagus nerve stimulation 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
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
Behavioral health services	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call 888-887-9003 when referring for mental health and substance use services.
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	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

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 (cont'd)	stress echoes prior to performance	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>
Long-term services and supports (LTSS)/home- and community-based services (HCBS)	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	
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</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 providing notification 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 UHCommunityPlan.com > For Health Care Professionals > Texas > Radiology > CPT Code List.</p>
Transplants	Prior authorization required	For transplant services, please call the UnitedHealthcare Community and State Transplant Case Management Team at

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 (cont'd)</p>		<p>800-418-4994 or the notification number on the back of the member's health plan 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		
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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>	<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																																																
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