

Prior Authorization Requirements for STAR Effective April 1, 2017



General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan STAR 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	81211	81212	81214	81215
		81216	81217		
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 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 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

Prior Authorization Requirements for STAR
Effective April 1, 2017

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Cosmetic and reconstructive (cont'd)		21742 30545 67901 67906 67912 67917 67924 Q2026	21743 30560 67902 67908 67914 67921 67950	28344 30620 67903 67909 67915 67922 67961	30540 67900 67904 67911 67916 67923 67966
Durable medical equipment (DME): more than \$500 DME codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include patient's home Prosthetics are not DME – see <i>Orthotics and prosthetics</i> Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health services</i>	A9279 E0265 E0328 E0460 E0471 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	A9900 E0277 E0329 E0465 E0472 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	E0193 E0300 E0445 E0466 E0483 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	E0194 E0304 E0457 E0470 E0601 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 K0858

Prior Authorization Requirements for STAR
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 cumulative rental cost of more than \$500		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	A9274	A9276
		A9277	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 services	Prior authorization required only in outpatient settings, to include member's home	99503	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 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599			
		Makena J1725 J2675			
		Nucala J2182			

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

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Injectable medications (cont'd)		<p>Probuphine J0570</p> <p>Synagis* 90378</p> <p>Unclassified** J3490 J3590</p> <p>Xolair J2357</p> <p>*Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.</p> <p>**For Unclassified codes J3490 and J3590, prior authorization is only required for Ocrevus™.</p>																																								
<p>Joint replacement Joint, total hip and knee replacement procedures</p>	Prior authorization required	<table border="1"> <tr> <td>23470</td> <td>23472</td> <td>23473</td> <td>23474</td> </tr> <tr> <td>24360</td> <td>24361</td> <td>24362</td> <td>24363</td> </tr> <tr> <td>24370</td> <td>24371</td> <td>27120</td> <td>27122</td> </tr> <tr> <td>27125</td> <td>27130</td> <td>27132</td> <td>27134</td> </tr> <tr> <td>27137</td> <td>27138</td> <td>27412</td> <td>27446</td> </tr> <tr> <td>27447</td> <td>27486</td> <td>27487</td> <td>29866</td> </tr> <tr> <td>29867</td> <td>29868</td> <td></td> <td></td> </tr> </table>	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														
23470	23472	23473	23474																																							
24360	24361	24362	24363																																							
24370	24371	27120	27122																																							
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Non-emergent air ambulance transport	Prior authorization required	<table border="1"> <tr> <td>A0430</td> <td>A0431</td> <td>A0435</td> <td>A0436</td> </tr> </table>	A0430	A0431	A0435	A0436																																				
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Non-emergent ground ambulance transport	Prior authorization required	<table border="1"> <tr> <td>A0382</td> <td>A0398</td> <td>A0420</td> <td>A0422</td> </tr> <tr> <td>A0424</td> <td>A0425</td> <td>A0426</td> <td>A0428</td> </tr> <tr> <td>A0433</td> <td>A0434</td> <td></td> <td></td> </tr> </table>	A0382	A0398	A0420	A0422	A0424	A0425	A0426	A0428	A0433	A0434																														
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A0433	A0434																																									
<p>Orthognathic surgery Treatment of maxillofacial/jaw functional impairment</p>	Prior authorization required	<table border="1"> <tr> <td>21121</td> <td>21123</td> <td>21125</td> <td>21127</td> </tr> <tr> <td>21141</td> <td>21142</td> <td>21143</td> <td>21145</td> </tr> <tr> <td>21146</td> <td>21147</td> <td>21150</td> <td>21151</td> </tr> <tr> <td>21154</td> <td>21155</td> <td>21159</td> <td>21160</td> </tr> <tr> <td>21188</td> <td>21193</td> <td>21194</td> <td>21195</td> </tr> <tr> <td>21196</td> <td>21198</td> <td>21199</td> <td>21206</td> </tr> <tr> <td>21208</td> <td>21209</td> <td>21210</td> <td>21215</td> </tr> <tr> <td>21240</td> <td>21242</td> <td>21244</td> <td>21245</td> </tr> <tr> <td>21246</td> <td>21247</td> <td>21255</td> <td>21296</td> </tr> <tr> <td>21299</td> <td>30465</td> <td></td> <td></td> </tr> </table>	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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21196	21198	21199	21206																																							
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Effective April 1, 2017**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<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</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</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</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</p>

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Effective April 1, 2017**

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<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>		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
		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>Outpatient therapy</p>	<p>Prior authorization required</p>	97010	97012	97014	97016
		97018	97022	97026	97028
		97033	97034	97039	97110
		97112	97113	97116	97124
		97140	G0129	S8990	92507
		92508	92526	97530	97799

Prior Authorization Requirements for STAR
Effective April 1, 2017



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
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 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 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 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

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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
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 Behavioral health services through a designated behavioral health network	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. Please call the number on the member's ID card when referring for mental health and substance abuse/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 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	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleukovorin (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</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																																																												
Chemotherapy (cont'd)		<p>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> <p>Prior authorization required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.</p> <p>C9399 J3490 J3590</p>																																																												
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	<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		
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Effective April 1, 2017**



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>Ventricular assist devices A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow</p>	<p>Prior authorization required</p>	<p>0051T 33976 33983</p>	<p>0052T 33979 Q0507</p>	<p>0053T 33981 Q0508</p>	<p>33975 33982 Q0509</p>