

Advance Notification Requirements for Texas CHIP Effective July 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			
Bariatric surgery	Prior authorization is required. Bariatric surgery and specific obesity-related services	43644 43659 43773 43843 43848 43882 64590	43645 43770 43774 43845 43860 43886 95980	43647 43771 43775 43846 43865 43887 95981	43648 43772 43842 43847 43881 43888 95982
Bone growth stimulator	Prior authorization is required. Electronic stimulation or ultrasound to heal fractures	20974 E0748	20975 E0760	20979	E0747
BRCA genetic testing	Prior authorization is required.	81211 81216	81212 81217	81214	81215
Breast reconstruction (non-mastectomy)	Prior authorization is required. Reconstruction of the breast except when following mastectomy	19316 19328 19350 19366 19370	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
Chemotherapy	Prior authorization is required.	C9399	J3490	J3590	J9999
Circumcision members over 1 years old	Prior authorization is required.	54150	54160	54161	54162
Cochlear and other auditory implants	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 69930 L8617 L8628 L8693	69715 L8614 L8618 L8690	69717 L8615 L8619 L8691	69718 L8616 L8627 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	11960 15822 17106 21137 21175 21182 21235 21263 21280 21742	11971 15823 17107 21138 21179 21183 21256 21267 21282 21743	15820 15830 17108 21139 21180 21184 21260 21268 21295 28344	15821 15847 17999 21172 21181 21230 21261 21275 21740 30540

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Cosmetic and reconstructive (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	<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 (<i>see 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 (<i>see Home Health Care Services</i>).</p>	<p>A9275 A9279 A9900 E0193 E0194 E0265 E0277 E0300 E0304 E0328 E0329 E0445 E0457 E0460 E0465 E0466 E0470 E0471 E0472 E0483 E0601 E0637 E0638 E0641 E0642 E0650 E0651 E0652 E0666 E0667 E0668 E0669 E0671 E0672 E0673 E0700 E0710 E0745 E0762 E0764 E0782 E0783 E0784 E0786 E1002 E1003 E1004 E1005 E1006 E1007 E1008 E1009 E1010 E1011 E1018 E1035 E1085 E1086 E1089 E1090 E1130 E1140 E1161 E1220 E1226 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 E2614 E2616 E2620 E2621 E2626 E2627 E2628 E2629 E2630 E8001 K0005 K0007 K0008 K0011 K0013 K0108 K0606 K0609 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</p>			

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Durable medical equipment (DME): more than \$500 (cont'd.)		K0899 Q0483 Q0490 Q0502 T1999	Q0480 Q0484 Q0491 Q0503	Q0481 Q0488 Q0495 Q0504	Q0482 Q0489 Q0496 Q0506
Enteral services	<p>Prior authorization required for members younger than five with a WIC denial. Please obtain the denial from WIC.</p> <p>Prior Authorization is required for members five and older.</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
Experimental and investigational	Prior authorization is required.	33477 61864 62264 64722 95978 A9277	36514 61867 62290 66180 96002 E1831	55866 61868 62291 95250 A9274 S1040	61863 61886 64555 95251 A9276 S8262
Femoroacetabular Impingement Syndrome (FAI)	Prior authorization is required.	29914	29915	29916	
Functional endoscopic sinus surgery	Prior authorization is required.	31237 31255 31287	31239 31256 31288	31240 31267	31254 31276
Home health	<p>Prior authorization is required.</p> <p>Advance notification required only in outpatient setting (to include home).</p>	99503 S9122 S9128	G0156 S9123 S9129	G0299 S9124 S9131	G0300 S9127 S9474
Hospice	Carved out to state				
Injectable medications	Prior authorization is required.	<p>Acthar J0800</p> <p>Botox J0585 J0586 J0587 J0588</p> <p>IVIG 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Makena J1725 J2675</p> <p>Synagis 90378</p> <p>Xolair J2357</p>			

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Joint replacement	Prior authorization is required.	23470	23472	23473	23474
		24360	24361	24362	24363
	Joint and total hip and knee replacement procedures	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
Orthognathic surgery	Prior authorization is required.	21121	21122	21123	21125
		21127	21141	21142	21143
	Treatment of maxillofacial (jaw) functional impairment	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 Orthotics/prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500	Orthotics/prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0458
		L0460	L0462	L0464	L0470
	Prior authorization is required. Advance notification required only in outpatient setting (to include home).	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
		L1499	L1680	L1685	L1686
		L1690	L1700	L1710	L1720
		L1730	L1755	L1832	L1834
		L1840	L1843	L1844	L1845
		L1846	L1860	L1932	L1945
		L1950	L1951	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2114
		L2116	L2126	L2128	L2132
		L2134	L2136	L2350	L2510
		L2525	L2526	L2627	L2628
		L2999	L3000	L3010	L3020
		L3031	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	L3960	L3961	L3962
L3967	L3971	L3973	L3975		

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<p>Orthotics and prosthetics: more than \$500 (cont'd.) Orthotics/prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L3976	L3977	L3978	L3999
		L4000	L4010	L4020	L4631
		L5000	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	L5679	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	L5964	L5966
		L5968	L5973	L5976	L5979
		L5980	L5981	L5982	L5984
		L5986	L5987	L5988	L5990
		L5999	L6000	L6010	L6020
		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		

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Private duty nursing	Prior authorization is required.	T1000	T1002	T1003	
Proton beam therapy	Prior authorization is required. Focused radiation therapy using beams of protons (tiny particles with a positive charge)	77520	77522	77523	77525
Rehabilitative services (physical, speech and occupational therapy)	Prior authorization is required.	92507 97012 97022 97034 97113 97799	92508 97014 97026 97039 97116 G0129	92526 97016 97028 97110 97124 S8990	97010 97018 97033 97112 97140
Rhinoplasty	Prior authorization is required. Treating nasal functional impairment and septal deviation	30400 30435	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization is required.	31295	31296	31297	
Sleep apnea procedures and surgeries	Prior authorization is required. Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	21685	41599	42145	
Spinal stimulator for pain management	Prior authorization is required. Spinal cord stimulators when implanted for pain management	63650	63655	63685	
Spinal surgery	Prior authorization is required.	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 63003 63015 63030 63046 63056	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22865 63005 63016 63040 63047 63064	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22899 63011 63017 63042 63050 63075	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 63001 63012 63020 63045 63055 63077

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Spinal surgery (cont'd.)		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	Prior authorization is required. Implantation of a device that sends electrical impulses into one of the cranial nerves.	61885 64568 L8680 L8682 L8685 L8686 L8687 L8688
Vein procedures	Prior authorization is required. Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	36475 36478 37700 37718 37722 37780
Wound vac	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
Behavioral health services	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.	Prior authorization is required. Please call the number on the member's ID card when referring for mental health and substance abuse/substance use services.
Cardiology prior authorization	Prior authorization required for participating physicians for inpatient, outpatient and office-based and 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.	Prior authorization is required. Request prior authorization by calling 866-889-8054 . For more information, including a list of the CPT codes that require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > Texas > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.
Out-of-network services	A referral to a health care provider not contracted with UnitedHealthcare	All out-of-network services require prior authorization.

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Radiology prior authorization	<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>Prior authorization is required.</p> <p>Request prior authorization by calling 866-889-8054.</p> <p>For more information and a list of CPT codes that require prior authorization, go to UHCommunityPlan.com > For Health Care Professionals > Texas > Radiology > CPT Code List.</p>																																																													
Transplants		<p>Prior authorization is required.</p> <p>For transplant services, call OptumHealth at 800-418-4994 or the notification number on the back of the member's ID card.</p> <table border="1"> <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>38207</td> <td>38208</td> <td>38209</td> </tr> <tr> <td>38210</td> <td>38212</td> <td>38213</td> <td>38214</td> </tr> <tr> <td>38215</td> <td>38232</td> <td>38240</td> <td>38241</td> </tr> <tr> <td>38242</td> <td>44132</td> <td>44133</td> <td>44135</td> </tr> <tr> <td>44136</td> <td>44137</td> <td>44715</td> <td>44720</td> </tr> <tr> <td>44721</td> <td>47133</td> <td>47135</td> <td>47140</td> </tr> <tr> <td>47141</td> <td>47142</td> <td>47143</td> <td>47144</td> </tr> <tr> <td>47145</td> <td>47146</td> <td>47147</td> <td>48551</td> </tr> <tr> <td>48552</td> <td>48554</td> <td>50300</td> <td>50320</td> </tr> <tr> <td>50323</td> <td>50325</td> <td>50340</td> <td>50360</td> </tr> <tr> <td>50365</td> <td>50370</td> <td>50380</td> <td>50547</td> </tr> <tr> <td>S2060</td> <td>S2061</td> <td>S2152</td> <td></td> </tr> </table>		32850	32851	32852	32853	32854	32855	32856	33930	33933	33935	33940	33944	33945	38207	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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Ventricular assist devices	A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	<p>Fax OptumHealth directly at 877-814-0488 or call the notification number on the back of the member's ID card.</p> <table border="1"> <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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