

Advance Notification Requirements for Texas Star Plus 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.	43644	43645	43647	43648
		43659	43770	43771	43772
	Bariatric surgery and specific obesity-related services	43773	43774	43775	43842
		43843	43845	43846	43847
		43848	43860	43865	43881
		43882	43886	43887	43888
		64590	95980	95981	95982
Bone growth stimulator	Prior authorization is required.	20974	20975	20979	E0747
		E0748	E0760		
BRCA genetic testing	Prior authorization is required.	81162	81211	81212	81213
		81214	81215	81216	81217
		81432	81433		
Breast reconstruction (non-mastectomy)	Prior authorization is required.	19316	19318	19324	19325
		19328	19330	19340	19342
	Reconstruction of the breast except when following mastectomy	19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
Circumcision for members over 1 years old	Prior authorization is required.	54150	54160	54161	54162
Cochlear and other auditory implants	Prior authorization is required.	69714	69715	69717	69718
		69930	L8614	L8615	L8616
	A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	L8617	L8618	L8619	L8627
		L8628	L8690	L8691	L8692
		L8693			
Cosmetic and reconstructive	Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	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
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function	21263	21267	21268	21275
		21280	21282	21295	21740
		21742	21743	28344	30540
		30545	30560	30620	67900
		67901	67902	67903	67904

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Cosmetic and reconstructive (cont'd.)		67906 67912 67917 67924 Q2026	67908 67914 67921 67950	67909 67915 67922 67961	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 (see <i>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 (see <i>Home Health Care Services</i>).</p>	A9275 E0194 E0304 E0457 E0470 E0601 E0641 E0652 E0669 E0700 E0764 E0786 E1005 E1009 E1035 E1090 E1220 E1231 E1235 E1239 E1290 E1825 E2204 E2310 E2325 E2330 E2373 E2511 E2616 E2627 E8001 K0011 K0609 K0802 K0824 K0828 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 Q0482	A9279 E0265 E0328 E0460 E0471 E0636 E0642 E0666 E0671 E0710 E0782 E1002 E1006 E1010 E1085 E1130 E1226 E1232 E1236 E1250 E1300 E1830 E2227 E2311 E2327 E2343 E2375 E2512 E2620 E2628 K0005 K0013 K0730 K0821 K0825 K0829 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 Q0483	A9900 E0277 E0329 E0465 E0472 E0637 E0650 E0667 E0672 E0745 E0783 E1003 E1007 E1011 E1086 E1140 E1229 E1233 E1237 E1260 E1310 E1840 E2228 E2312 E2328 E2351 E2376 E2599 E2621 E2629 K0007 K0108 K0800 K0822 K0826 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0480 Q0484	E0193 E0300 E0445 E0466 E0483 E0638 E0651 E0668 E0673 E0762 E0784 E1004 E1008 E1018 E1089 E1161 E1230 E1234 E1238 E1285 E1399 E2100 E2300 E2321 E2329 E2370 E2510 E2614 E2626 E2630 K0008 K0606 K0801 K0823 K0827 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 Q0481 Q0488

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Durable medical equipment (DME): more than \$500		Q0489 Q0496 Q0506	Q0490 Q0502 T1999	Q0491 Q0503	Q0495 Q0504
Enteral services	Prior authorization is required. In home nutritional therapy either enteral or through a gastrostomy tube	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 S1040	36514 61867 62290 66180 96002 S8262	55866 61868 62291 95250 A9274	61863 61886 64555 95251 E1831
Femoroacetabular impingement syndrome (FAI)		29914	29915	29916	
Functional endoscopic sinus surgery		31237 31255 31287	31239 31256 31288	31240 31267	31254 31276
Home health	Advance notification required only in outpatient setting (to include home).	99503 G0155 S9122 S9128	G0151 G0156 S9123 S9129	G0152 G0299 S9124 S9131	G0153 G0300 S9127 S9474
Injectable medications	Prior authorization is required.	Acthar J0800 Botox J0585 J0586 J0587 J0588 IVIG 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 Makena J1725 J2675 Synagis 90378 Xolair J2357			
Joint replacement	Prior Authorization is required. Joint and total hip and knee replacement procedures	23470 24360 24370 27125 27137 27447 29867	23472 24361 24371 27130 27138 27486 29868	23473 24362 27120 27132 27412 27487	23474 24363 27122 27134 27446 29866
Non-emergent air ambulance transport	Prior authorization is required.	A0430	A0431	A0435	A0436

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Non-emergent ground ambulance	Prior authorization is required.	A0382 A0424 A0433	A0398 A0425 A0434	A0420 A0426	A0422 A0428
Orthognathic surgery	Prior authorization is required. Treatment of maxillofacial (jaw) functional impairment	21121 21127 21145 21151 21160 21195 21206 21215 21245 21296	21122 21141 21146 21154 21188 21196 21208 21240 21246 21299	21123 21142 21147 21155 21193 21198 21209 21242 21247 30465	21125 21143 21150 21159 21194 21199 21210 21244 21255
Orthotics and prosthetics: more than \$500 Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500	Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500 Prior authorization required for members under 21 years of age and Star Plus Waiver members of any age Advance notification required only in outpatient setting (to include home).	L0112 L0460 L0480 L0488 L0631 L0636 L0640 L0820 L1005 L1499 L1690 L1730 L1840 L1846 L1950 L2005 L2034 L2060 L2116 L2134 L2525 L2999 L3031 L3203 L3212 L3216 L3222 L3252 L3671 L3740 L3766 L3905 L3967 L3976 L4000 L5000 L5060 L5160	L0170 L0462 L0482 L0491 L0632 L0637 L0700 L0830 L1200 L1680 L1700 L1755 L1843 L1860 L1951 L2010 L2036 L2106 L2126 L2136 L2526 L3000 L3160 L3204 L3213 L3217 L3230 L3253 L3674 L3763 L3900 L3960 L3971 L3977 L4010 L5010 L5100 L5200	L0456 L0464 L0484 L0624 L0634 L0638 L0710 L0859 L1300 L1685 L1710 L1832 L1844 L1932 L1970 L2020 L2037 L2108 L2128 L2350 L2627 L3010 L3201 L3206 L3214 L3219 L3250 L3265 L3720 L3764 L3901 L3961 L3973 L3978 L4020 L5020 L5105 L5210	L0458 L0470 L0486 L0629 L0635 L0639 L0810 L1000 L1310 L1686 L1720 L1834 L1845 L1945 L2000 L2030 L2038 L2114 L2132 L2510 L2628 L3020 L3202 L3207 L3215 L3221 L3251 L3649 L3730 L3765 L3904 L3962 L3975 L3999 L4631 L5050 L5150 L5220

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Orthotics and prosthetics: more than \$500 (cont'd.) Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		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
		L7185	L7186	L7190	L7191
		L7405	L7499	L8035	L8040
		L8041	L8042	L8043	L8044
		L8045	L8046	L8047	L8499
		L8500	L8605	L8610	V2623

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Orthotics and prosthetics: more than \$500 (cont'd.) Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500		V2627			
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	92508	92526	97010
		97012	97014	97016	97018
		97022	97026	97028	97033
		97034	97039	97110	97112
		97113	97116	97124	97140
		97799	G0129	S8990	
Rhinoplasty	Prior authorization is required. Treating nasal functional impairment and septal deviation	30400	30410	30420	30430
		30435	30450	30460	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	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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Spinal surgery (cont'd.)		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	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 is required.	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	Prior authorization is 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 program	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.	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 > Cardiology > Texas > 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.

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization																																																												
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>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 > <i>For Health Care Professionals > Texas > Radiology > CPT Code List.</i></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="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>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	<p>Prior authorization is required.</p> <p>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p>	<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="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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