

# Advance Notification Requirements for STAR Effective October 1, 2016



## 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:

- **Link:** Sign in to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) using your Optum ID, then select the Prior Authorization and Notification application on your Link dashboard.
- **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 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
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0760	20979	E0747
<b>BRCA genetic testing</b>	Prior authorization required	81211 81216	81212 81217	81214	81215
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19366 19370	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
<b>Chemotherapy</b>	Prior authorization required	C9399	J3490	J3590	J9999
<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 and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69714 69930 L8617 L8628 L8693	69715 L8614 L8618 L8690	69717 L8615 L8619 L8691	69718 L8616 L8627 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 15822 17106 21137	11971 15823 17107 21138	15820 15830 17108 21139	15821 15847 17999 21172

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Cosmetic and reconstructive (cont'd)</b> Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p>		21175 21182 21235 21263 21280 21742 30545 67901 67906 67912 67917 67924 Q2026	21179 21183 21256 21267 21282 21743 30560 67902 67908 67914 67921 67950	21180 21184 21260 21268 21295 28344 30620 67903 67909 67915 67922 67961	21181 21230 21261 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 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 K0801 K0823	A9900 E0277 E0329 E0465 E0472 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 K0802 K0824	E0193 E0300 E0445 E0466 E0483 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 K0730 K0821 K0825	E0194 E0304 E0457 E0470 E0601 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 K0800 K0822 K0826

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<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		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	Q0480
		Q0481	Q0482	Q0483	Q0484
		Q0488	Q0489	Q0490	Q0491
		Q0495	Q0496	Q0502	Q0503
		Q0504	Q0506	T1999	
<b>Enteral services</b> 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		
<b>Experimental and investigational</b>	Prior authorization required	33477	36514	55866	61863
		61864	61867	61868	61886
		62264	62290	62291	64555
		64722	66180	95978	A9274
		A9276	A9277	E1831	S1040
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31239	31240	31254	31255
		31256	31267	31276	31287
		31288			
<b>Home health services</b>	Prior authorization required only in outpatient settings, to include member's home	99503	G0156	G0299	G0300
		S9122	S9123	S9124	S9127
		S9128	S9129	S9131	S9474
<b>Injectable medications</b>	Prior authorization required	<b>Acthar</b> J0800			
		<b>Botox</b> J0585    J0586    J0587    J0588			
		<b>IVIG</b> 90284    J1459    J1556    J1557 J1559    J1561    J1566    J1568 J1569    J1572    J1575    J1599			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Injectable medications (cont'd)</b>		<b>Makena</b> J1725    J2675  <b>Synagis*</b> 90378  <b>Xolair</b> J2357  *Please obtain prior notification for Synagis through OptumRx prior notifications services at <b>800-310-6826</b> .			
<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 transport</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	21122	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	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><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</p>	<p>Prior authorization required only in outpatient settings, to include member's home</p>	<p>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 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5613</p>	<p>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 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5614</p>	<p>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 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5616</p>	<p>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 L5280 L5331 L5460 L5520 L5560 L5590 L5611 L5639</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<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>		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
		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	L8605	L8610
		V2623	V2627		

**Advance Notification Requirements for STAR  
Effective October 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Outpatient therapy</b>	Prior authorization required	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 required after Nov. 7, 2016			
<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	
<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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Spinal surgery (cont'd)</b>		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	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
<b>Behavioral health services</b>	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.
<b>Cardiology</b>	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 <a href="http://UnitedHealthcareOnline.com">UnitedHealthcareOnline.com</a> > <a href="#">Notifications/Prior Authorizations</a> > <a href="#">Cardiology 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://UHCCCommunityPlan.com">UHCCCommunityPlan.com</a> > <a href="#">For Health Care Professionals</a> > <a href="#">Texas</a> > <a href="#">Cardiology</a> > <a href="#">Cardiology Prior Authorization CPT Code Crosswalk</a> .



**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><b>Radiology</b></p>	<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> <li>• Nuclear medicine and nuclear cardiology procedures</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 requests online at <a href="http://UnitedHealthcareOnline.com">UnitedHealthcareOnline.com</a> &gt; <a href="#">Notifications/Prior Authorizations &gt; Radiology Notification &amp; Authorization – Submission &amp; Status</a>, or call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCommunityPlan.com">UHCommunityPlan.com</a> &gt; <a href="#">For Health Care Professionals &gt; Texas &gt; Radiology &gt; CPT Code List</a>.</p>																																																												
<p><b>Transplants</b></p>	<p>Prior authorization required</p>	<p>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.</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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<p><b>Ventricular assist devices</b> A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow</p>	<p>Prior authorization required</p>	<table border="0"> <tr><td>0051T</td><td>0052T</td><td>0053T</td><td>33975</td></tr> <tr><td>33976</td><td>33979</td><td>33981</td><td>33982</td></tr> <tr><td>33983</td><td>Q0507</td><td>Q0508</td><td>Q0509</td></tr> </table>	0051T	0052T	0053T	33975	33976	33979	33981	33982	33983	Q0507	Q0508	Q0509																																																
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