

# Prior Authorization Requirements for STAR Kids

Effective Oct. 1, 2020

## General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan STAR Kids for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to [UHCprovider.com](http://UHCprovider.com) and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard.
- **Phone:** Call **866-604-3267**.
- **Fax 877-940-1972.** Fax form is available at [UHCprovider.com/TXCommunityPlan](http://UHCprovider.com/TXCommunityPlan) > Prior Authorization and Notification Resources > Prior Authorization Forms.

**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.**

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Bariatric Surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services		43644 43659 43775 43845 43847 43860	43645 43770 43842 43846 43848		Nov. 1, 2016	
<b>Bone Growth Stimulator</b> Electronic stimulation or ultrasound to heal fractures		20975	20979		Nov. 1, 2016	
<b>Breast Reconstruction (Non-Mastectomy)</b> Reconstruction of the breast other than following mastectomy		19316 19324 19328 19340 19350 19361 19366 19368 19370 19380	19318 19325 19330 19342 19357 19364 19367 19369 19371 19396	Breast Reconstruction DX Codes	Nov. 1, 2016	Prior authorization is not required for these codes with Breast Reconstruction DX codes.  Prior authorization is required for all other DX codes.

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Cancer Supportive Care	Bone-Modifying Agents	J0897		Oncology DX Codes	June 1, 2018	Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX. Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call <b>888-397-8129</b> .
	Colony-Stimulating Factors	Q5120			July 1, 2020	
		Q5108	Q5111		Jan. 1, 2019	
		J2505	J2820		Oct. 1, 2017	
	Colony-Stimulating Factors	Q5110		Oncology DX Codes	Jan. 1, 2019	Requires prior authorization for oncology and non-oncology DX. For non-oncology DX see Injectable medications section below. For Oncology DX, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 888-397-8129.
		J1442 J1447	Q5101		Oct. 1, 2017	
Cardiology		33206	33207		Nov. 1, 2016	<p>Prior authorization is required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance.</p> <p>Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 866-889-8054.</p>
		33208	33212			
		33213	33214			
		33221	33224			
		33225	33227			
		33228	33229			
		33230	33231			
		33240	33249			
		33262	33263			
		33264	93303			
		93304	93306			
		93307	93308			
		93350	93351			
		93452	93453			
		93454	93455			
		93456	93457			
		93458	93459			
	93460	93461				
	33270					
Cardiovascular		75710	75716	Lower-Extremity Angiogram DX Codes	Oct. 1, 2019	Prior is authorization required for lower- extremity angiograms only.
Cerebral Seizure Monitoring – Inpatient Video EEG		95726			March 1, 2020	Prior authorization is required for inpatient services.
		95700 95712 95714	95711 95713 95715		Jan. 1, 2020	Prior authorization is not required for outpatient hospital or ambulatory surgical center.

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Cerebral Seizure Monitoring – Inpatient Video EEG (continued)</b>		95716 95720 95724	95718 95722			
<b>Chemotherapy</b>		Q5107	Q5117	Oncology DX Codes	Oct. 1, 2020	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for oncology diagnosis.
		J9177 J9246 Q5119	J9198 J9358		July 1, 2020	
		J0642			March 1, 2020	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.
		J9309			Feb. 1, 2020	
		J9119 J9210 J9313	J9204 J9269		Oct. 1, 2019	
		J9030	J9036		Aug. 1, 2019	Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.
		J9044 J9153 J9229 J9312	J9057 J9173 J9311		Jan. 1, 2019	
		J9022 J9203	J9023 J9285		April 1, 2018	
		J0640 J9000 J9017 J9020 J9027 J9033 J9035 J9040 J9042 J9045 J9050 J9060 J9070 J9100 J9130 J9150 J9155 J9165 J9175 J9178 J9181 J9190 J9201 J9205 J9207 J9209 J9212 J9214 J9216 J9218 J9226	J0641 J9015 J9019 J9025 J9032 J9034 J9039 J9041 J9043 J9047 J9055 J9065 J9098 J9120 J9145 J9151 J9160 J9171 J9176 J9179 J9185 J9200 J9202 J9206 J9208 J9211 J9213 J9215 J9217 J9225 J9228		Jan. 1, 2017	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Chemotherapy (continued)</b>		J9230	J9245		
		J9250	J9260		
		J9261	J9262		
		J9263	J9264		
		J9266	J9267		
		J9268	J9271		
		J9280	J9293		
		J9295	J9299		
		J9301	J9302		
		J9303	J9305		
		J9306	J9307		
		J9308	J9315		
		J9320	J9328		
		J9330	J9340		
		J9351	J9352		
		J9354	J9355		
		J9357	J9360		
		J9370	J9371		
		J9390	J9395		
		J9400	J9600		
	J9999	Q2017			
	Q2043	Q2049			
	Q2050				
<b>Circumcision</b>		54150	54160	Nov. 1, 2016	
		54161	54162		
<b>Cochlear Implants and Other Auditory Implants</b> A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69714	69715	Nov. 1, 2016	
		69718	69930		
		L8614	L8619		
		L8690	L8691		
		L8692			

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
<b>Cosmetic &amp; Reconstructive procedures</b>  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	11971	Nov. 1, 2016		
		15820	15821			
		15822	15823			
		15830	15847			
		17106	17107			
		17108	17999			
		21137	21138			
		21139	21172			
		21175	21179			
		21180	21181			
		21182	21183			
		21184	21230			
		21235	21256			
		21275	21280			
		21282	21295			
		21740	21742			
		21743	28344			
		30620	67900			
		67901	67902			
		67903	67904			
	67906	67908				
	67909	67911				
	67912	67914				
	67915	67916				
	67917	67921				
	67922	67923				
	67924	67950				
	67961	67966				
	Q2026					
<b>Dental Anesthesia</b>		00170	41899	July 1, 2017	Prior authorization is required, for members younger than age 21, when billed with modifier U3.	
<b>Durable Medical Equipment (DME)</b>		E0787		May 1, 2020	Prior authorization is required only for codes listed with a retail purchase or a cumulative rental cost of more than \$500.	
		A9900 E0637	E0465	May 1, 2019		
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311		April 1, 2019	Prosthetics are not DME – see the Orthotics and Prosthetics section.  Some home health care services may qualify but are not subject to the cost threshold – see the Home Health Care section.
		E0481			Oct. 1, 2017	
		E0766			April 1, 2017	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Durable Medical Equipment (DME)</b> (continued)		A9279	E0194		Nov. 1, 2016	
		E0265	E0300			
		E0445	E0457			
		E0460	E0466			
		E0483	E0636			
		E0638	E0641			
		E0642	E0669			
		E0700	E0710			
		E0745	E0762			
		E0764	E0784			
		E1002	E1003			
		E1004	E1005			
		E1006	E1007			
		E1008	E1009			
		E1010	E1035			
		E1161	E1229			
		E1231	E1232			
		E1233	E1234			
		E1235	E1236			
		E1237	E1238			
		E1239	E1399			
		E2100	E2227			
		E2228	E2300			
		E2325	E2327			
		E2329	E2351			
		E2373	E2510			
		E2511	E2599			
		E2626	E2627			
		E2628	E2629			
		E2630	E8001			
		K0005	K0008			
		K0013	K0108			
		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				
	S1040	T1999				
<b>Enteral Services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034	B4035		May 1, 2019	
		B4036	B4100			
		B4103	B4104			
		B4149	B4150			
		B4152	B4153			
		B4155	B4158			
		B4159	B4160			
		B4161				
		B9002	B9998			
					Nov. 1, 2016	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Experimental & Investigational		33477	36514		Nov. 1, 2016		
		55866	64722				
		66180	A9274				
		E1831					
Femoroacetabular Impingement Syndrome		29914 29916	29915		Nov. 1, 2016		
Functional Endoscopic Sinus Surgery (FESS)		31253	31257		July 1, 2018		
		31259			Nov. 1, 2016		
		31240	31254				
		31255	31256				
		31267	31276				
		31287	31288				
Gender Dysphoria Treatment		55970	55980		July 1, 2018	Prior authorization is required for these codes with any DX.	
		56805	57335	Gender Dysphoria Treatment DX Codes		Prior authorization is only required for these codes with DX codes.	
Genetic and Molecular Testing to Include BRCA Gene Testing	BRCA Genetic Testing	81212	81215		Feb. 1, 2019	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.	
		81216			Jan. 1, 2019		
		81163 81165	81164 81166		Nov. 1, 2016		
	Genetic Testing	0111U	0129U		Nov. 1, 2019	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT® codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test.	
		0130U	0131U				
		0132U	0133U				
		0134U	0135U				
		0136U	0137U				
		0138U					
	81167 81237	81233		April 1, 2019			
			0040U	81105		Feb 1, 2019	Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.
			81106	81107			
			81108	81109			
		81110	81111				
		81120	81121				
		81161	81170				
		81200	81201				
		81202	81203				
		81205	81206				
		81207	81208				
		81209	81210				
		81218	81219				
		81220	81221				
		81222	81223				
		81224	81225				
		81226	81227				
		81235	81240				
	81241	81242					
	81243	81244					
	81245	81246					
	81250	81251					
	81252	81253					
	81254	81255					
	81256	81257					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Genetic and Molecular Testing to Include BRCA Gene Testing (continued)</b>		81260	81261			
		81262	81263			
		81264	81265			
		81266	81267			
		81268	81270			
		81272	81273			
		81275	81276			
		81287	81288			
		81290	81291			
		81292	81293			
		81294	81295			
		81296	81297			
		81298	81299			
		81300	81301			
		81302	81303			
		81304	81310			
		81313	81314			
		81315	81316			
		81317	81318			
		81319	81321			
		81322	81323			
		81324	81325			
		81326	81327			
		81330	81331			
		81332	81340			
		81341	81342			
		81350	81355			
		81370	81371			
		81372	81373			
		81374	81375			
		81376	81377			
		81378	81379			
		81380	81381			
		81382	81383			
	81400	81401				
	81402	81403				
	81404	81405				
	81406	81407				
	81408	81410				
	81411	81420				
	81507	81519				
<b>Home Health Care</b>		99503 G0300	G0299 S9474		Nov. 1, 2016	
<b>Injectable Medications</b>	Cinryze®	J0598			Oct. 1, 2020	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage
	Ruconest®	J0596				
	Adakveo®	J0791			July 1, 2020	
	Givlaari®	J0223				
	Reblozyl®	J0896				
	Ruxience®	Q5119				
	Vyondys 53®	J1429				
	Xembify®	J1558				
	Zolgensma®	J3399				
	Benlysta	J0490			April 1, 2020	
Cimzia®	J0717					



Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
<b>Injectable Medications (continued)</b>	IV Iron Therapy	J1439	Q0138			Determination Guidelines for Community Plan.  <b>* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.</b> <b>**For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 888-397-8129.</b> <b>***For codes J1442, J1447, Q5101 and Q5110; White blood cell colony-stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see the Cancer Supportive Care section above. For non-oncology DX, submit online by using the Prior Authorization and Notification tool on Link. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 877-842-3210.</b>	
	Rituxan®	J9312					
	Rituxan Hycela®	J9311					
	Stelara IV®	J3358					
	**Therapeutic Radio-Pharmaceuticals	A9590					March 1, 2020
	Sodium Hyaluronate	J7331	J7332				Nov. 1, 2019
	**Therapeutic Radio-Pharmaceuticals	A9513					
	Evenity™	J3111					Oct. 1, 2019
	Gamifant®	J9210					
	Onpattro™	J0222					
	Sodium Hyaluronate	J7320 J7322 J7325 J7327	J7321 J7324 J7326 J7329				
	Ultomiris™	J1303					
	***White blood cell colony-stimulating factors	J1442 Q5101	J1447 Q5110				
	**Therapeutic Radio-Pharmaceuticals	A9699					
	Actemra®	J3262					Jan. 1, 2019
	Brineura™	J0567					
	Crysvita®	J0584					
	Entyvio®	J3380					
	Fasenra™	J0517					
	Ilumya™	J3245					
	Inflectra®	Q5103					
	Luxturna™	J3398					
	Orencia®	J0129					
	Radicava®	J1301					
	Remicade®	J1745					
	Renflexis®	Q5104					
	Simponi Aria	J1602					
Trogarzo™	J1746						
Parsabiv™	J0606				Nov. 1, 2018		
Sublocade™	Q9991	Q9992			July 1, 2018		
Ilaris®	J0638				April 1, 2018		
IVIG	J1555				Jan. 1, 2018		

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Injectable Medications (continued)</b>	Makena®	J1726	J1729			
	Ocrevus™	J2350				
	Spinraza™	J2326				
	Lemtrada®	J0202			Oct. 1, 2017	
	Soliris®	J1300				
	Cinqair®	J2786			April 1, 2017	
	Nucala®	J2182				
	Probuphine®	J0570				
	IVIIG	J1575			May 1, 2016	
	Acthar®	J0800			Nov. 1, 2016	
	Botulinum Toxin	J0585 J0587	J0586 J0588			
	IVIIG	90284 J1556 J1559 J1566 J1569 J1599	J1459 J1557 J1561 J1568 J1572			
	Makena®	J2675				
	*Synagis®	90378				
	Xolair®	J2357				
<b>Injectable Medications – Temporary and Unclassified</b>	Cutaquig® Spravato™ Tepezza®	C9399 J3590	J3490		Nov. 1, 2016*  *Reflects the effective date for the unlisted codes not the specific drug names listed	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Joint Replacement</b> Joint, total hip and knee replacement procedures		23470 23473 24360 24362 24370 27120 27125 27132 27137 27412 27447 27487 29867	23472 23474 24361 24363 24371 27122 27130 27134 27138 27446 27486 29866 29868		Nov. 1, 2016	
<b>Long-Term Services and Supports (LTSS)/Home- and Community-Based Services (HCBS)</b>						Prior authorization is 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.
<b>Mental Health (MH)/Substance Use Disorder (SUD)</b>						<p>Prior authorization is required for services including:</p> <ul style="list-style-type: none"> <li>• Electroconvulsive therapy</li> <li>• Home health services</li> <li>• Inpatient/residential</li> <li>• Intensive outpatient</li> <li>• Nursing facility services</li> <li>• Partial hospitalization program</li> <li>• Psychological testing</li> </ul> <p>Prior authorization is <b>not</b> required for crisis evaluations, code H2011.</p> <p>To request prior authorization, please call the number on the back of the member's health plan ID card.</p> <p>Or, fax prior authorization request to <b>877-450-6011</b>. Fax form is available at <b>UHCprovider.com/TXCommunityPlan</b> &gt;Prior Authorization and Notification Resources &gt; Prior Authorization Forms.</p>
<b>Non-Emergent Air Ambulance Transport</b>		A0430 A0435	A0431 A0436		Nov. 1, 2016	
<b>Non-Emergent Ground Ambulance TX MANDATE</b>		A0382 A0420 A0424 A0426 A0433	A0398 A0422 A0425 A0428 A0434		Nov. 1, 2016	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Orthognathic Surgery</b> Treatment of maxillofacial/jaw functional impairment		21121	21123	Nov. 1, 2016	
		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			
	<b>Orthotics and Prosthetics</b>		L1832		
		L3763	L4631	April 1, 2019	
		L5647	L5649		
		L5673	L5683		
		L5700	L5705		
		L5845	L5962		
		L5986	L5999		
		L1812	L1820	Jan. 1, 2018	
		L1830	L1831		
		L1836	L1847		
		L0112	L0170	Nov. 1, 2016	
		L0456	L0462		
		L0464	L0480		
		L0482	L0484		
		L0486	L0624		
		L0629	L0631		
		L0632	L0634		
		L0636	L0637		
		L0638	L0640		
		L0700	L0710		
		L0810	L0820		
		L0830	L0859		
		L1000	L1005		
		L1200	L1300		
		L1310	L1499		
		L1680	L1685		
		L1700	L1710		
		L1720	L1730		
		L1755	L1834		
		L1840	L1844		
		L1845	L1846		
		L1860	L1945		
		L1950	L1970		
	L2000	L2005			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)		L2010	L2020			
		L2030	L2034			
		L2036	L2037			
		L2038	L2060			
		L2106	L2108			
		L2126	L2136			
		L2350	L2510			
		L2526	L2627			
		L2628	L3230			
		L3265	L3649			
		L3671	L3674			
		L3720	L3730			
		L3740	L3764			
		L3900	L3901			
		L3904	L3905			
		L3961	L3971			
		L3975	L3976			
		L3977	L3999			
		L4000	L4010			
		L4020	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	L5613			
		L5614	L5616			
		L5639	L5640			
		L5642	L5643			
		L5644	L5646			
		L5648	L5651			
		L5653	L5661			
		L5682	L5702			
		L5703	L5706			
		L5716	L5718			
		L5722	L5724			
		L5726	L5728			
	L5780	L5790				
	L5795	L5811				
	L5812	L5814				
	L5816	L5818				
	L5822	L5824				
	L5826	L5828				
	L5830	L5848				
	L5857	L5858				
	L5930	L5950				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)		L5960	L5961			
		L5964	L5966			
		L5968	L5973			
		L5976	L5979			
		L5980	L5981			
		L5982	L5984			
		L5987	L5988			
		L5990	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	L8040				
	L8042	L8043				
	L8044	L8045				
	L8046	L8047				
	L8499	L8610				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Outpatient Therapy		92521 92523 92610 97162 97165 97167	92522 92524 97161 97163 97166		Nov. 1, 2019	<p>Prior authorization is required for all ST/OT and PT services (evaluations, re-evaluations and therapy visits).</p> <p>Prior authorization should be submitted online through the Optum Physical Health portal  <a href="http://www.myoptumhealthphysicalhealth.com">www.myoptumhealthphysicalhealth.com</a></p>
		G0515			Jan 1, 2018	
		70371 92627 92633 97024 97035 97139 97164 97533 97537 97545 97750 97761 S9152	92626 92630 96105 97032 97036 97150 97168 97535 97542* 97546 97760 G0283		July 1, 2017	<p>All prior authorization requests will require:</p> <ul style="list-style-type: none"> <li>•Optum Physical Health Patient Summary Form (PSF-750)</li> <li>•Texas Medicaid Pediatric Supplement to the PSF-750 Form (for members younger than 21 only)</li> </ul> <p>For questions about prior authorization or Optum Physical Health portal assistance, please contact Optum Physical Health 800-873-4575.</p>
		92507 92526 97014 97018 97026 97033 97039 97112 97116 97140 97799 G0152 G0282	92508 97012 97016 97022 97028 97034 97110 97113 97124 97530 G0129 G0281 S8990		Nov. 1, 2016	<p>*Prior authorization is not required for DME providers.</p>
	<b>OR billed with these revenue codes</b>	419 421 423 429 431 433 439 978	420 422 424 430 432 434 977			
Prescribed Pediatric Extended Care Services (PPEC)		T1025 T2002	T1026		Oct. 1, 2018	
Private Duty Nursing		T1000			Nov. 1, 2016	

Category	Subcategory	Code	Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Proton Beam Therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520 77523	77522 77525		Nov. 1, 2016
<b>Psychological Testing</b>		96116 96130 96132 96136	96121 96131 96133 96137		Oct. 1, 2019
<b>Radiology</b>		76391			March 1, 2020
		76390 78831	78830 78832		Jan. 1, 2020
		0501T 0503T 77046 77048	0502T 0504T 77047 77049		Jan. 1, 2019
		70336 70460 70480 70482 70487 70490 70492 70498 70542 70544 70546 70548 70551 70553 70555 71260 71275 71551 71555 72126 72128 72130 72132 72141 72146 72148 72156 72158 72191 72193 72195 72197	70450 70470 70481 70486 70488 70491 70496 70540 70543 70545 70547 70549 70552 70554 71250 71270 71550 71552 72125 72127 72129 72131 72133 72142 72147 72149 72157 72159 72192 72194 72196 72198		Nov. 1, 2016



Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (continued)		73200	73201			
		73202	73206			
		73218	73219			
		73220	73221			
		73222	73223			
		73225	73700			
		73701	73702			
		73706	73718			
		73719	73720			
		73721	73722			
		73723	73725			
		74150	74160			
		74170	74174			
		74175	74176			
		74177	74178			
		74181	74182			
		74183	74185			
		74261	74262			
		74263	74712			
		74713	75557			
		75559	75561			
		75563	75571			
		75572	75573			
		75574	75635			
		76376	76377			
		76380	76497			
		76498	77021			
		77084	78012			
		78013	78014			
		78015	78016			
		78018	78070			
		78071	78072			
		78075	78099			
		78102	78103			
		78104	78185			
		78195	78199			
		78201	78202			
		78215	78216			
		78226	78227			
		78230	78231			
		78232	78258			
		78261	78262			
		78264	78265			
		78266	78278			
		78282	78290			
		78291	78299			
		78300	78305			
		78306	78315			
		78399	78428			
		78445	78451			
	78452	78453				
	78454	78456				
	78457	78458				
	78466	78468				
	78469	78472				
	78473	78481				
	78483	78494				
	78496	78499				
	78579	78580				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Radiology (continued)</b>		78582	78597			
		78598	78599			
		78600	78601			
		78605	78606			
		78608	78609			
		78610	78630			
		78635	78645			
		78650	78660			
		78699	78700			
		78701	78707			
		78708	78709			
		78740	78761			
		78799	78800			
		78801	78802			
		78803	78804			
		78811	78812			
		78813	78814			
		78815	78816			
		78999	C8900			
		C8901	C8902			
		C8903	C8905			
		C8906	C8908			
		C8909	C8910			
		C8911	C8912			
		C8913	C8914			
		C8918	C8919			
		C8920	C8931			
		C8932	C8933			
		C8934	C8935			
		C8936	G0235			
	G0252	G0297				
	S8037	S8042				
	S8085	S8092				
<b>Rhinoplasty and Septoplasty</b> Treatment of nasal functional impairment and septal deviation		30400	30410		Nov. 1, 2016	
		30420	30430			
		30435	30450			
		30460	30462			
		30465				
<b>Sinuplasty</b>		31298			July 1, 2018	
		31295	31296		Nov. 1, 2016	
		31297				
<b>Site of service (SOS) – Outpatient Hospital</b>	Auditory System	69205			July 1, 2020	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).
	Cardiovascular System	36590	36832			
	Carpal Tunnel Surgery	64721				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of service (SOS) – Outpatient Hospital	Cataract Surgery	66821	66982			
		66984				
	Colonoscopy	45378	45380			
		45384	45385			
	Cosmetic & Reconstructive	13101	13132			
		14040	14060			
		14301	21552			
		21931				
	Digestive System	42415	42440			
		43200	43236			
		43237	43238			
		43242	43245			
		43246	43247			
		43248	43251			
43254		43255				
43259		44360				
44361		45171				
45334		45335				
45381		45390				
45990		46020				
46040		46050				
46200		46220				
46221		46250				
46255		46261				
46270	46275					
46288	46505					
46750	46910					
46946						
ENT Procedures	21320	30140				
	30520	69436				
	69631					
Eye and Ocular Adnexa	65710	65820				
	66250	66710				
	66711	66825				
	66986	67010				
	67041	67042				
	67105	67108				
	67113	67840				
	68110	68115				
	68320	68720				
68815						
Female Genital System	57240	57250				
	57461	57520				
	58561	58562				
Gynecologic Procedures	57522	58353				
	58558	58563				
	58565					
Hemic and Lymphatic Systems	38500	38510				
	38525					
Hernia Repair	49505	49585				
	49587	49650				
	49651	49652				
	49653	49654				
	49655					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Site of Service (SOS) – Outpatient Hospital (continued)	Integumentary System	10121	11440			
		11450	11624			
		11770	13121			
		15100	15120			
		15240	19020			
		19120	19125			
	Liver Biopsy	47000				
	Male Genital System	54840				
	Miscellaneous	20680				
	Musculoskeletal System	20552	20553			
		21012	21013			
		21336	21554			
		21555	21556			
		21930	22514			
		22902	22903			
		23071	23075			
		24071	27327			
		27337	27632			
		28035	28039			
		28041	28060			
		28080	28090			
		28104	28110			
		28118	28119			
		28124	28285			
		28289	28292			
		28296	28297			
		28298	28299			
		29806	29807			
		29819	29822			
		29823	29824			
		29825	29826			
		29827	29828			
		29835	29840			
		29845	29846			
		29848	29861			
		29875	29876			
		29877	29879			
		29880	29881			
		29882	29888			
	29893					
	Nervous System	64561	64640			
	Ophthalmologic	65426	65730			
		65855	66170			
		66761	67028			
		67036	67040			
		67228	67311			
		67312				
Respiratory System	30802	30930				
	31525	31535				
	31536	31541				
	31624					
Tonsillectomy & Adenoidectomy	42820	42821				
	42825	42826				
	42830					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Site of Service (SOS) – Outpatient Hospital (continued)</b>	Upper Gastrointestinal Endoscopy	43235	43239			
		43249				
	Urinary System	52276	52287			
		52320	52344			
	Urologic Procedures	50590	52000			
		52005	52204			
		52224	52234			
		52235	52260			
		52281	52310			
		52332	52351			
52352		52353				
52356		55040				
	55700	57288				
<b>Sleep Apnea Procedures &amp; Surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685 42145	41599		Nov. 1, 2016	
<b>Spinal Surgery</b>		22100 22102 22112 22206 22210 22214 22224 22533 22551 22556 22586 22595 22610 22630 22800 22804 22810 22818 22830 22850 22855 22899 63003 63011 63015 63017 63030 63042 63046 63050 63056	22101 22110 22114 22207 22212 22220 22532 22548 22554 22558 22590 22600 22612 22633 22802 22808 22812 22819 22849 22852 22865 63001 63005 63012 63016 63020 63040 63045 63047 63055 63064		Nov. 1, 2016	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Spinal Surgery (continued)</b>		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					
<b>Stimulators Implantation of a device that sends electrical impulses</b>	Bone Growth Stimulator	E0747 E0760	E0748		Nov. 1, 2016	
	Neurostimulator	43648 43882 61864 61868 61886 63655 64553 64568 64590 L8682 L8686 L8688	43881 61863 61867 61885 63650 63685 64555 64570 L8680 L8685 L8687		Nov. 1, 2016	
<b>Transplants</b>	CAR T-Cell Therapy	0537T 0539T Q2042	0538T 0540T		Jan. 1, 2019	
		Q2041			April 1, 2018	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Transplants (continued)</b>	Transplant Services	32850	32851		Nov. 1, 2016	
		32852	32853			
		32854	32855			
		32856	33930			
		33933	33935			
		33940	33944			
		33945	38208			
		38209	38210			
		38212	38213			
		38214	38215			
		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					
		38232		Oncology DX Codes	Nov. 1, 2016	
<b>Vein Procedures</b>		36473			April 1, 2017	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.
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		Nov. 1, 2016	
		37700	37718			
		37722	37780			
<b>Ventricular Assist Device (VAD)</b>		33927	33928		Jan. 1, 2018	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.
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33929				
		33975	33976		Nov. 1, 2016	
		33979	33981			
		33982	33983			
		Q0507	Q0508			
		Q0509				
<b>Wound Vac</b>		E2402			Nov. 1, 2016	