

# Prior Authorization Requirements for STAR Kids

## Effective March 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** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.
- **Phone: 866-604-3267**
- **Fax: 877-940-1972;** fax form is available at **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.**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Bariatric surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast other than 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
<b>Cancer supportive care</b>	Prior authorization required for colony- stimulating factor drugs and bone- modifying agent(s) administered in an outpatient setting for a cancer diagnosis <b>*Codes J1442, J1447, Q5101, and Q5110 also require prior authorization for non-oncology DX. See Injectable medications section below.</b>	<b><u>Injectable colony-stimulating factor drugs that require prior authorization –</u></b> <b>Filgrastim (Neupogen®)</b> J1442* <b>Filgrastim-aafi (Nivestym™)</b> Q5110* <b>Filgrastim-sndz (Zarxio®)</b> Q5101* <b>Pegfilgrastim (Neulasta®)</b> J2505 <b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111 <b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108 <b>Sargramostim (Leukine®)</b> J2820 <b>Tbo-filgrastim (Granix®)</b>			

Cancer supportive care (cont'd)

J1447\*

**Bone-modifying agent that requires prior authorization:**

**Denosumab (Xgeva®)**

J0897

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call **888-397-8129**

<b>Cardiology</b>	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization 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 tool on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/TXCommunityPlan</b>&gt;Prior Authorization and Notification Resources &gt;Cardiology Prior Authorization and Notification Program.</p>
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**Cardiovascular**

Prior authorization required for lower extremities angiogram only

75710\* 75716\*

\*Prior authorization required for the following diagnosis codes:

E08.51	E08.52	E08.59	E08.621
E09.51	E09.52	E09.59	E09.621
E10.51	E10.52	E10.59	E10.621
E11.51	E11.52	E11.59	E11.621
E13.51	E13.52	E13.59	E13.621
I70.201	I70.202	I70.203	I70.208
I70.209	I70.211	I70.212	I70.213
I70.218	I70.219	I70.221	I70.222
I70.223	I70.228	I70.229	I70.231
I70.232	I70.233	I70.234	I70.235
I70.238	I70.239	I70.241	I70.242
I70.243	I70.244	I70.245	I70.248
I70.249	I70.25	I70.261	I70.262
I70.263	I70.268	I70.269	I70.291
I70.292	I70.293	I70.298	I70.299
I70.301	I70.302	I70.303	I70.308
I70.309	I70.311	I70.312	I70.313
I70.318	I70.319	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349
I70.35	I70.361	I70.362	I70.363
I70.369	I70.391	I70.392	I70.393
I70.399	I70.401	I70.402	I70.403

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont'd)		I70.408	I70.409	I70.411	I70.412
		I70.413	I70.418	I70.421	I70.422
		I70.423	I70.428	I70.429	I70.431
		I70.432	I70.433	I70.434	I70.435
		I70.438	I70.439	I70.441	I70.442
		I70.443	I70.444	I70.445	I70.448
		I70.449	I70.461	I70.462	I70.463
		I70.468	I70.469	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		I70.621	I70.622	I70.623	I70.628
		I70.629	I70.631	I70.632	I70.633
		I70.634	I70.635	I70.638	I70.639
		I70.641	I70.642	I70.643	I70.644
		I70.645	I70.648	I70.649	I70.661
		I70.662	I70.663	I70.668	I70.669
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	I70.721
		I70.722	I70.723	I70.728	I70.729
		I70.731	I70.732	I70.733	I70.734
		I70.735	I70.738	I70.739	I70.741
		I70.742	I70.743	I70.744	I70.745
		I70.748	I70.749	I70.761	I70.762
		I70.763	I70.768	I70.769	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (cont'd)</b>		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• 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</li> </ul> <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 tool on your Link dashboard. Or, call <b>888-397-8129</b></p>			
<b>Circumcision</b>	Prior authorization required	54150	54160	54161	54162
<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69714	69715	69718	69930
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		L8614	L8619	L8690	L8691
		L8692			
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960	11971	15820	15821
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		15822	15823	15830	15847
		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21182	21183	21184	21230
		21235	21256	21275	21280
		21282	21295	21740	21742
		21743	28344	30620	67900
		67901	67902	67903	67904
		67906	67908	67909	67911

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive procedures (cont'd)</b>		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
		Q2026			
<b>Dental anesthesia</b>	Prior authorization required for members younger than age 21	00170	41899		
<b>Durable medical equipment (DME)</b>	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500	A9279	A9900	E0194	E0265
		E0277	E0300	E0328	E0329
		E0445	E0457	E0460	E0465
		E0466	E0470	E0471	E0481
		E0483	E0636	E0637	E0638
		E0641	E0642	E0652	E0669
		E0700	E0710	E0745	E0762
		E0764	E0766	E0784	E0787*
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1035	E1130	E1161
	E1229	E1231	E1232	E1233	
	E1234	E1235	E1236	E1237	
	E1238	E1239	E1399	E1825	
	E2100	E2227	E2228	E2300	
	E2310	E2311	E2325	E2327	
	E2329	E2351	E2373	E2510	
	E2511	E2512	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				
		*For dates of service on or after <b>May 1, 2020</b> E0787 will require prior authorization			
<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	B9002
		B9998			
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	55866	64722
		66180	A9274	E1831	
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Gender dysphoria treatment	Prior authorization required	55970	55980	56805*	57335*
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\*These **surgical codes** with the following **DX codes**:

		F64.0	F64.1	F64.2	F64.8	
<b>Genetic and molecular testing to include BRCA gene testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108	
		81109	81110	81111	81120	
		81121	81161	81162	81163	
	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.	81164	81165	81166	81167	
		81170	81200	81201	81202	
		81203	81205	81206	81207	
		81208	81209	81210	81212	
		81215	81216	81217	81218	
		81219	81220	81221	81222	
		81223	81224	81225	81226	
		Notification/prior authorization 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.	81227	81233	81235	81237
			81240	81241	81242	81243
			81244	81245	81246	81250
	81251		81252	81253	81254	
	81255		81256	81257	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	81450			
81455	81507	81519	0011M			
0012M	0013M	0036U	0037U			
0040U	0111U	0113U	0118U			
0129U	0130U	0131U	0132U			
0133U	0134U	0135U	0136U			
0137U	0138U					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Home health care	Prior authorization required only in outpatient settings, to include member's home	99503	G0299	G0300	S9474
Injectable medications	Prior authorization required	<p><b>Actemra®</b> J3262</p> <p><b>Acthar®</b> J0800</p> <p><b>Botulinum toxins</b> J0585      J0586      J0587      J0588</p> <p><b>Brineura™</b> J0567</p> <p><b>Crysvita®</b> J0584</p> <p><b>Cinqair®</b> J2786</p> <p><b>Entyvio®</b> J3380</p> <p><b>Evenity™</b> J3111</p> <p><b>Fasenra™</b> J0517</p> <p><b>Gamifant®</b> J9210</p> <p><b>Ilaris®</b> J0638</p> <p><b>Ilumya™</b> J3245</p> <p><b>Inflectra®</b> Q5103</p> <p><b>IVIG</b> 90284      J1459      J1555      J1556 J1557      J1559      J1561      J1566 J1568      J1569      J1572      J1575 J1599</p> <p><b>Lemtrada®</b> J0202</p> <p><b>Luxturna™</b> J3398</p> <p><b>Makena®</b> J1726      J1729      J2675</p> <p><b>Nucala®</b> J2182</p> <p><b>Ocrevus™</b> J2350</p> <p><b>Onpattro™</b> J0222</p> <p><b>Orencia®</b> J0129</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications(cont'd)	<b>Parsabiv™</b>				
		J0606			
	<b>Probuphine®</b>				
		J0570			
	<b>Radicava®</b>				
		J1301			
	<b>Remicade®</b>				
		J1745			
	<b>Renflexis®</b>				
		Q5104			
	<b>Simponi Aria®</b>				
		J1602			
	<b>Sodium Hyaluronate</b>				
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
	<b>Soliris®</b>				
		J1300			
	<b>Spinraza™</b>				
		J2326			
	<b>Sublocade™</b>				
		Q9991	Q9992		
	<b>Synagis®*</b>				
		90378			
	<b>Therapeutic Radiopharmaceuticals***</b>				
		A9513	A9590	A9699	
	<b>Trogarzo™</b>				
		J1746			
	<b>Ultomiris™</b>				
		J1303			
<b>Unclassified codes**</b>					
	C9399	J3490	J3590		
<b>Xolair®</b>					
	J2357				
<b>White blood cell colony stimulating factors****</b>					
	J1442	J1447	Q5101	Q5110	
<b>For dates of service on or after Apr. 1, 2020</b> the following codes will also require prior authorization:					
<b>Benlysta</b>					
	J0490				
<b>Cimzia</b>					
	J0717				
<b>Feraheme®</b>					
	Q0138				
<b>Injectafer®</b>					
	J1439				
<b>Rituxan®</b>					
	J9312				



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications(cont'd)		<p><b>Rituxan Hycela®</b> J9311</p> <p><b>Stelara®</b> J3358</p> <p>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 &amp; 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 <b>UHCprovider.com</b> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>* Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at <b>800-310-6826</b>.</p> <p>** For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, Spravato™, Xembify® and Zolgensma®. For dates of service <b>Apr. 1, 2020 or after</b>, Reblozyl® and Ruxience® will also require prior authorization.</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 tool on your Link dashboard. Or, call <b>888-397-8129</b></p> <p>****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 Cancer supportive care section above. For non-oncology DX submit online at <b>UHCProvider.com&gt;link&gt;Prior Authorization and Notification tool on your link dashboard or call 877-842-3210</b></p>			
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	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
<b>Long-term services and supports (LTSS)/Home- and Community-Based Services (HCBS)</b>	Prior authorization 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>	Prior authorization required for services including: <ul style="list-style-type: none"> <li>• Electroconvulsive therapy</li> <li>• Home health services</li> </ul>	To request prior authorization, please call the number on the back of the member's health plan ID card. Or, fax prior authorization request to			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
<b>Mental health (MH)/Substance Use Disorder (SUD) (cont'd)</b>	<ul style="list-style-type: none"> <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 <u>not</u> required for crisis evaluations, code H2011</p>	<b>877-450-6011.</b> Fax form is available at <a href="https://www.uhcprovider.com/TXCommunityPlan">UHCprovider.com/TXCommunityPlan</a> >Prior Authorization and Notification Resources >Prior Authorization Forms					
		0124	0126	0128	1001		
		1002	0912	1906	99318		
		99341	99342	99343	99344		
		99345	99347	99348	99349		
		99304	99305	99306	99307		
		99308	99309	99310	99315		
		99316	99318	96101	96102		
		96103	90870	G0177	H0012		
		H0014	H0016	H0034	H0046		
		H0047	H0050	H2014	H2017		
		H2035	H2036	T1007	T1017		
		<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
		<b>Non-emergent ground ambulance</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	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					
		<b>Orthotics and prosthetics</b>	Prior authorization required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500	L0112	L0170	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	L1812			L1820	L1830		
L1831	L1832			L1834	L1836		
L1840	L1844			L1845	L1846		
L1847	L1860			L1945	L1950		
L1970	L2000			L2005	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		
L3763	L3764			L3900	L3901		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
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Orthotics and prosthetics (cont'd)		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4000	L4010	L4020	L4631
		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	L5647
		L5648	L5649	L5651	L5653
		L5661	L5673	L5682	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5790	L5795	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
		L5845	L5848	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (cont'd)</b>		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			
<b>Outpatient therapy</b>	Prior authorization required for all Occupational, Physical and Speech Therapy services (Evaluation, Re-Evaluation and Therapy visits)	70371	92507	92508	92521
		92522	92523	92524	92526
		92610	92626	92627	92630
	All prior authorization requests will require the TX standardized authorization form available at <a href="https://www.tdi.texas.gov/forms/lhlifehealth/nofr001.pdf">https://www.tdi.texas.gov/forms/lhlifehealth/nofr001.pdf</a>	92633	96105	97012	97014
		97016	97018	97022	97024
		97026	97028	97032	97033
		97034	97035	97036	97039
		97110	97112	97113	97116
		97124	97139	97140	97150
		97161	97162	97163	97164
		97165	97166	97167	97168
		97530	97533	97535	97537
		97542*	97545	97546	97750
		97760	97761	97799	G0129
		G0152	G0281	G0282	G0283
		G0515	S8990	S9152	
		<b>OR billed with these Revenue codes:</b>			
		419	420	421	422
		423	424	429	430
		431	432	433	434
		439	977	978	
		<b>* Prior authorization not required for DME providers</b>			
<b>Prescribed pediatric extended care services (PPEC)</b>	Prior authorization required	T1025	T1026	T2002	
<b>Private duty nursing</b>	Prior authorization required	T1000			
<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>Psychological testing</b>	Prior authorization required	96116	96121	96130	96131
		96132	96133	96136	96137
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	Care providers ordering an advanced outpatient imaging procedure are responsible for obtaining authorization prior to scheduling the procedure. 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 tool on your Link dashboard. Or, call <b>866-889-8054</b> .			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiology (cont'd)</b>		For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/TXCommunityPlan">UHCprovider.com/TXCommunityPlan</a> >Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Spinal surgery</b>	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	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
<b>Stimulators</b>	Prior authorization required		<b>Bone growth stimulator</b>		
Implantation of a device that sends electrical impulses		E0747	E0748	E0760	
			<b>Neurostimulator</b>		
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call			
<b>Transplants</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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the UnitedHealthcare Community and State Transplant Case Management Team at **800-418-4994** or the notification number on the back of the member's health plan ID card.

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		

**CAR-T Cell therapy**

0537T	0538T	0539T	0540T
Q2041	Q2042		

\*Code 38232 will only require prior authorization for an oncology diagnosis

<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	36473	36475	36478	37700
		37718	37722	37780	
<b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	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 <b>855-282-8929</b> .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required	E2402			