

Prior Authorization Requirements for STAR Kids

Effective November 1, 2019

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

CPT® is a registered trademark of the American Medical Association.

Doc#: PCA-1-015733-05032019_05212019

© 2019 United HealthCare Services, Inc.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
-------------------------	------------------------	--

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**

Cardiology

Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance

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 **866-889-8054**.

Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance

For more details and the CPT codes that require prior authorization, please visit **UHCprovider.com/TXCommunityPlan>Prior Authorization and Notification Resources >Cardiology Prior Authorization and Notification Program**.

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
I70.408	I70.409	I70.411	I70.412
I70.413	I70.418	I70.421	I70.422

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont'd)		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
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont'd)		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
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services Prior authorization is not required for outpatient hospital or ambulatory surgical center	95951			
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) • Chemotherapy injectable drugs that have a Q code • 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 <p>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</p>			
Circumcision	Prior authorization required	54150	54160	54161	54162
Cochlear implants and other auditory implants	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			
Cosmetic and reconstructive procedures	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
Cosmetic and reconstructive procedures (cont'd)		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
		Q2026			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Dental anesthesia	Prior authorization required for members younger than age 21	00170	41899			
Durable medical equipment (DME)	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	
		Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0483	E0636	E0637	E0638
			E0641	E0642	E0652	E0669
			E0700	E0710	E0745	E0762
			E0764	E0766	E0784	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			
Enteral services 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				
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	55866	64722	
		66180	A9274	E1831		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916		
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255	
		31256	31257	31259	31267	
		31276	31287	31288		
Gender dysphoria treatment	Prior authorization required	55970	55980	56805*	57335*	
*These surgical codes with the following DX codes:						
		F64.0	F64.1	F64.2	F64.8	
Genetic and molecular testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108	
		81109	81110	81111	81120	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA gene testin (cont'd)	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. 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.	81121	81161	81162	81163
		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
		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				
Home health care	Prior authorization required only in outpatient settings, to include member's home	99503	G0299	G0300	S9474
Injectable medications	Prior authorization required	Actemra® J3262			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications(cont'd)	Acthar®	J0800			
	Botulinum toxins				
	J0585	J0586	J0587	J0588	
	Brineura™	J0567			
	Crysvita®	J0584			
	Cinqair®	J2786			
	Entyvio®	J3380			
	Evenity™	J3111			
	Fasenra™	J0517			
	Gamifant®	J9210			
	Ilaris®	J0638			
	Ilumya™	J3245			
	Inflectra®	Q5103			
	IVIG				
	90284	J1459	J1555	J1556	
	J1557	J1559	J1561	J1566	
	J1568	J1569	J1572	J1575	
	J1599				
	Lemtrada®	J0202			
	Luxturna™	J3398			
	Makena®				
	J1726	J1729	J2675		
	Nucala®	J2182			
	Ocrevus™	J2350			
	Onpattro™	J0222			
	Orencia®	J0129			
	Parsabiv™	J0606			
	Probuphine®	J0570			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications(cont'd)	Radicava®	J1301			
	Remicade®	J1745			
	Renflexis®	Q5104			
	Simponi Aria®	J1602			
	Sodium Hyaluronate	J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
	Soliris®	J1300			
	Spinraza™	J2326			
	Sublocade™	Q9991	Q9992		
	Synagis®*	90378			
	Therapeutic Radiopharmaceuticals***	A9513	A9699		
	Trogarzo™	J1746			
	Ultomiris™	J1303			
	Unclassified codes**	C9399	J3490	J3590	
	Xolair®*	J2357			
	White blood cell colony stimulating factors****	J1442	J1447	Q5101	Q5110
	<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 & 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 UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & 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 800-310-6826.</p>				
	<p>** For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Spravato™ and Zolgensma®</p>				
	<p>***For prior authorization, please submit requests</p>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications(cont'd)		<p>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</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 UHCProvider.com>link>Prior Authorization and Notification tool on your link dashboard or call 877-842-3210</p>			
Joint replacement 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
Long-term services and supports (LTSS)/Home- and Community-Based Services (HCBS)	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				
Mental health (MH)/Substance Use Disorder (SUD)	<p>Prior authorization required for services including:</p> <ul style="list-style-type: none"> • Electroconvulsive therapy • Home health services • Inpatient/residential • Intensive outpatient • Nursing facility services • Partial hospitalization program • Psychological testing <p>Prior authorization <u>not</u> 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 877-450-6011. Fax form is available at UHCprovider.com/TXCommunityPlan>Prior Authorization and Notification Resources >Prior Authorization Forms</p>			
		0124 1002 99341 99345 99304 99308 99316 96103 H0014 H0047 H2035	0126 0912 99342 99347 99305 99309 99318 90870 H0016 H0050 H2036	0128 1906 99343 99348 99306 99310 96101 G0177 H0034 H2014 T1007	1001 99318 99344 99349 99307 99315 96102 H0012 H0046 H2017 T1017
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Non-emergent ground ambulance	Prior authorization required	A0382 A0424 A0433	A0398 A0425 A0434	A0420 A0426	A0422 A0428
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208	21123 21142 21147 21155 21193 21198 21209	21125 21143 21150 21159 21194 21199 21210	21127 21145 21151 21160 21195 21206 21215

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (cont'd)		21240	21242	21244	21245
		21246	21247	21255	21296
		21299			
Orthotics and prosthetics	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
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Orthotics and prosthetics (cont'd)		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	
		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					
Outpatient therapy	Prior Authorization is required for all ST/OT and PT services (Evaluations, Re-evaluations and Therapy visits)	70371	92507	92508	92521	
		92522	92523	92524	92526	
	Prior Authorization should be submitted online through the Optum Physical Health portal www.myoptumphysicalhealth.com	92610	92626	92627	92630	
		92633	96105	97012	97014	
		97016	97018	97022	97024	
	All Prior authorization requests will require:	97026	97028	97032	97033	
		97034	97035	97036	97039	
		<ul style="list-style-type: none"> Optum Physical Health Patient Summary Form(PSF-750) 	97110	97112	97113	97116
			97124	97139	97140	97150
		<ul style="list-style-type: none"> Texas Medicaid Pediatric Supplement to the PSF-750 Form (for members under 21 only) 	97161	97162	97163	97164
			97165	97166	97167	97168
			97530	97533	97535	97537
		97542*	97545	97546	97750	
For questions about prior authorization or Optum Physical	97760	97761	97799	G0129		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Outpatient therapy (cont'd)	Health portal assistance, please contact Optum Physical Health 800-873-4575 .	G0152 G0515 419 423 431 439	G0281 S8990 420 424 432 977	G0282 S9152 421 429 433 978	G0283
		OR billed with these Revenue codes:			
		* Prior authorization not required for DME providers			
Prescribed pediatric extended care services (PPEC)	Prior authorization required	T1025	T1026	T2002	
Private duty nursing	Prior authorization required	T1000			
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Psychological testing	Prior authorization required	96116 96132	96121 96133	96130 96136	96131 96137
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for obtaining authorization prior to scheduling the procedure.</p> <p>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 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/TXCommunityPlan>Prior Authorization and Notification Resources >Radiology Prior Authorization and Notification Program</p>			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Spinal surgery	Prior authorization required	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 63003	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22865 63005	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22899 63011	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 63001 63012

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
-------------------------	------------------------	--	--	--	--

Spinal surgery (cont'd)		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
		63196	63198	63199	63200
		63250	63251	63252	63265
		63267	63268	63270	63271
		63272	63286	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	

Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0760	
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	

Transplants	Prior authorization required	For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call 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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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 required	36473 37718	36475 37722	36478 37780	37700
Ventricular assist devices (VAD) 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 855-282-8929 .			
		33927 33976 33983	33928 33979 Q0507	33929 33981 Q0508	33975 33982 Q0509
Wound vac	Prior authorization required	E2402			