

Prior Authorization Requirements for STAR+PLUS

Effective January 1, 2020

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan STAR+PLUS 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	
Behavioral health services	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call 888-887-9003 when referring for mental health and substance use services.			
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 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			

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Doc#: PCA-1-015740-05102019_05212019

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																																																								
Cancer supportive care (cont'd)		<p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</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 888-397-8129</p>																																																																																								
Cardiology	<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 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 >Cardiology Prior Authorization and Notification Program</p>																																																																																								
Cardiovascular	Prior authorization required for lower extremities angiogram only	<p>75710* 75716*</p> <p>*Prior authorization required for the following diagnosis codes:</p> <table border="0"> <tr><td>E08.51</td><td>E08.52</td><td>E08.59</td><td>E08.621</td></tr> <tr><td>E09.51</td><td>E09.52</td><td>E09.59</td><td>E09.621</td></tr> <tr><td>E10.51</td><td>E10.52</td><td>E10.59</td><td>E10.621</td></tr> <tr><td>E11.51</td><td>E11.52</td><td>E11.59</td><td>E11.621</td></tr> <tr><td>E13.51</td><td>E13.52</td><td>E13.59</td><td>E13.621</td></tr> <tr><td>I70.201</td><td>I70.202</td><td>I70.203</td><td>I70.208</td></tr> <tr><td>I70.209</td><td>I70.211</td><td>I70.212</td><td>I70.213</td></tr> <tr><td>I70.218</td><td>I70.219</td><td>I70.221</td><td>I70.222</td></tr> <tr><td>I70.223</td><td>I70.228</td><td>I70.229</td><td>I70.231</td></tr> <tr><td>I70.232</td><td>I70.233</td><td>I70.234</td><td>I70.235</td></tr> <tr><td>I70.238</td><td>I70.239</td><td>I70.241</td><td>I70.242</td></tr> <tr><td>I70.243</td><td>I70.244</td><td>I70.245</td><td>I70.248</td></tr> <tr><td>I70.249</td><td>I70.25</td><td>I70.261</td><td>I70.262</td></tr> <tr><td>I70.263</td><td>I70.268</td><td>I70.269</td><td>I70.291</td></tr> <tr><td>I70.292</td><td>I70.293</td><td>I70.298</td><td>I70.299</td></tr> <tr><td>I70.301</td><td>I70.302</td><td>I70.303</td><td>I70.308</td></tr> <tr><td>I70.309</td><td>I70.311</td><td>I70.312</td><td>I70.313</td></tr> <tr><td>I70.318</td><td>I70.319</td><td>I70.321</td><td>I70.322</td></tr> <tr><td>I70.323</td><td>I70.329</td><td>I70.331</td><td>I70.332</td></tr> <tr><td>I70.333</td><td>I70.334</td><td>I70.335</td><td>I70.338</td></tr> <tr><td>I70.339</td><td>I70.341</td><td>I70.342</td><td>I70.343</td></tr> <tr><td>I70.344</td><td>I70.345</td><td>I70.348</td><td>I70.349</td></tr> </table>	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
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular(cont'd)		170.35	170.361	170.362	170.363
		170.369	170.391	170.392	170.393
		170.399	170.401	170.402	170.403
		170.408	170.409	170.411	170.412
		170.413	170.418	170.421	170.422
		170.423	170.428	170.429	170.431
		170.432	170.433	170.434	170.435
		170.438	170.439	170.441	170.442
		170.443	170.444	170.445	170.448
		170.449	170.461	170.462	170.463
		170.468	170.469	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		170.621	170.622	170.623	170.628
		170.629	170.631	170.632	170.633
		170.634	170.635	170.638	170.639
		170.641	170.642	170.643	170.644
		170.645	170.648	170.649	170.661
		170.662	170.663	170.668	170.669
		170.691	170.692	170.693	170.698
		170.699	170.701	170.702	170.703
		170.708	170.709	170.711	170.712
		170.713	170.718	170.719	170.721
		170.722	170.723	170.728	170.729
		170.731	170.732	170.733	170.734
		170.735	170.738	170.739	170.741
		170.742	170.743	170.744	170.745
		170.748	170.749	170.761	170.762
		170.763	170.768	170.769	170.791
		170.792	170.793	170.798	170.799
		170.8	170.90	170.91	170.92
		172.3	172.4	172.8	172.9
		173.89	173.9	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		177.1	177.2	177.70	177.72
	177.77	177.79	196	L03.115	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular(cont'd)		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
		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	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95714	95715	95716	95718
		95720	95722	95724	
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 for members older than age 1	54150	54160	54161	54162
Cochlear implants and other auditory implants A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69714	69715	69718	69930
		L8614	L8619	L8690	L8691
		L8692			
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21275	21280

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures (cont'd) Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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			
Durable medical equipment (DME) –Incontinence supplies	Prior authorization required for incontinence supplies through the service coordinator when not provided by Longhorn Health Solutions.	To obtain incontinence supplies from Longhorn Health Solutions, please call 866-295-2319 .			
		To obtain incontinence supplies from a provider other than Longhorn Health Solutions, please call the service coordinator at 800-349-0550 .			
Durable medical equipment (DME)	Prior authorization required only for 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	
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0466	E0470	E0471	E0481
		E0483	E0636	E0637	E0638
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .	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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	55866	64722
		66180	A9274	E1831	S8262
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
		F64.9	Z87.890		
Genetic and molecular testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting 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.	81105	81106	81107	81108
		81109	81110	81111	81120
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA gene testing (cont'd)		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 G0300	G0153 S9474	G0162	G0299
Injectable medications	Prior authorization required	Actemra®			
		J3262			
		Acthar®			
		J0800			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
		J0567			
		Cinqair®			
		J2786			
		Crysvita®			
		J0584			
		Entyvio®			
		J3380			
		Evenity™			
		J3111			
		Exondys 51™			
		J1428			
		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					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (cont'd)		Luxturna™			
		J3398			
		Makena®			
		J1726	J1729	J2675	
		Nucala®			
		J2182			
		Ocrevus™			
		J2350			
		Onpattro™			
		J0222			
		Orencia®			
		J0129			
		Parsabiv™			
		J0606			
		Probuphine®			
		J0570			
		Radicava®			
		J1301			
		Remicade®			
		J1745			
		Renflexis®			
		Q5104			
		Simponi Aria®			
		J1602			
		Soliris®			
		J1300			
		Spinraza™			
		J2326			
		Sodium Hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Sublocade™			
	Q9991	Q9992			
	Synagis®				
	90378				
	Therapeutic Radiopharmaceuticals***				
	A9513	A9699			
	Trogarzo™				
	J1746				
	Ultomiris™				
	J1303				
	Unclassified codes*				
	C9399	J3490	J3590		
	Xolair®				

Injectable medications (cont'd)

J2357
White blood cell colony stimulating factors****

J1442 J1447 Q5101 Q5110

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

* Please obtain prior notification for Synagis through OptumRx prior notifications services at **800-310-6826**.

** For unclassified codes C9399, J3490 and J3590 prior authorization is only required for Cutaquig®, Spravato™, Xembify® and Zolgensma®

***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**

****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**

Joint replacement 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		
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				
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Non-emergent ground ambulance	Prior authorization required	A0382	A0398	A0420	A0422
		A0424	A0425	A0426	A0428
		A0433	A0434		

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

Orthotics and prosthetics Prior authorization required for orthotics and prosthetics regardless of cost.

The following codes require prior authorization for all STAR+PLUS members:

L8000	L8001	L8002	L8010
L8015	L8020	L8030	L8031
L8032	L8035	L8039	L8499

The following codes require prior authorization for all WAIVER plan members regardless of billed amount (this is not a benefit to non-waiver members):

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	L1810	L1812	L1820
L1830	L1831	L1832	L1834
L1836	L1840	L1843	L1844
L1845	L1846	L1847	L1860
L1932	L1945	L1950	L1951
L1960	L1970	L2000	L2005
L2010	L2020	L2030	L2034
L2036	L2037	L2038	L2060
L2106	L2108	L2126	L2136
L2280	L2350	L2510	L2526
L2627	L2628	L2999	L3000
L3010	L3020	L3216	L3221
L3230	L3265	L3649	L3671
L3674	L3720	L3730	L3740
L3763	L3764	L3900	L3901
L3904	L3905	L3960	L3961
L3971	L3975	L3976	L3977
L3999	L4000	L4010	L4020
L4631	L5000	L5010	L5020

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)		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
		L5611	L5613	L5614	L5616
		L5620	L5624	L5629	L5631
		L5637	L5639	L5640	L5642
		L5643	L5644	L5645	L5646
		L5647	L5648	L5649	L5650
		L5651	L5653	L5661	L5671
		L5673	L5679	L5682	L5683
		L5685	L5700	L5701	L5702
		L5703	L5704	L5705	L5706
		L5707	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5790	L5795	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
		L5845	L5848	L5857	L5858
		L5910	L5920	L5930	L5940
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5972
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		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	L8420
	L8500	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
		97026	97028	97032	97033
	All Prior authorization requests will require:	97034	97035	97036	97039
		97110	97112	97113	97116
	<ul style="list-style-type: none"> Optum Physical Health Patient Summary Form(PSF-750) 	97124	97139	97140	97150
		97161	97162	97163	97164*
	<ul style="list-style-type: none"> Texas Medicaid Pediatric Supplement to the PSF-750 Form (for members under 21 only) 	97165	97166	97167	97168*
		97530	97533	97535	97542
	For questions about prior authorization or Optum Physical Health portal assistance, please contact Optum Physical Health 800-873-4575 .	97545	97546	97750	97760
		97761	97799	G0129	G0151
		G0152	G0281	G0282	G0283
		S8990	S9152		
		OR billed with these Revenue codes:			
		419	420	421	422
		423	424	429	430
		431	432	433	434
	439	440**	441**	977	
	978				
	* Prior authorization not required for nursing facilities				
	** Prior authorization required for nursing facilities only				
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
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	96121	96130	96131
		96132	96133	96136	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 	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (cont'd)	<ul style="list-style-type: none"> Nuclear medicine and nuclear cardiology procedures 	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 . 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			
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 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
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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Stimulators (cont'd)		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		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		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	36475
37718	37722			37780	
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	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			