

Prior Authorization Requirements for STAR

Effective July 1, 2019

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan STAR 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	95980
		95981	95982		
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(s) administered in an outpatient setting for a cancer diagnosis	<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			

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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>Pegfilgrastim-jmdb (Fulphila™) Q5108</p> <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>
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	<p>Prior authorization required for inpatient services</p> <p>Prior authorization is not required for outpatient hospital or ambulatory surgical center</p>	95951
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<p>Injectable chemotherapy drugs that require prior authorization:</p> <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 will require prior authorization <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> <p>Prior authorization required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Chemotherapy (cont'd)					
		C9399	J3490	J3590	
Circumcision	Prior authorization required for members older than age 1	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 tool earance, 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
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
		Q2026			
Dental anesthesia	Prior authorization required for members younger than 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
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0466	E0470	E0471	E0483
		E0637	E0638	E0641	E0642
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Durable medical equipment (DME) (cont'd)		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	
		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	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	
		81227	81233	81235	81237	
		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.	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			

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)		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	0104U		
Home health care	Prior authorization required only in outpatient settings, to include member's home	99503 S9474	G0162	G0299	G0300
Injectable medications	Prior authorization required	Actemra[®]			
		J3262			
		Acthar[®]			
		J0800			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura[™]			
		J0567			
		Cinqair[®]			
		J2786			
		Crysvita[®]			
		J0584			
		Entyvio[®]			
		J3380			
		Exondys 51[™]			
		J1428			
		Fasenra[™]			
		J0517			
		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[®]					

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (cont'd)		J1726	J1729	J2675
		Nucala[®]		
		J2182		
		Ocrevus[™]		
		J2350		
		Onpattro[™]		
		C9036	J3490**	J3590**
		Orencia[®]		
		J0129		
		Parsabiv[™]		
		J0606		
		Probuphine[®]		
		J0570		
		Radicava[®]		
		J1301		
		Remicade[®]		
		J1745		
		Renflexis[®]		
		Q5104		
		Simponi Aria[®]		
		J1602		
		Soliris[®]		
		J1300		
		Spinraza[™]		
		J2326		
		Sublocade[™]		
		Q9991	Q9992	
		Synagis^{®*}		
		90378		
		Therapeutic Radiopharmaceuticals***		
		A9699		
		Trogarzo[™]		
		J1746		
		Unclassified codes**		
		C9399	J3490	J3590
		Xolair^{®*}		
		J2357		

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly introduced 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 Injectable medications (cont'd)Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		<p>* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.</p> <p>** For unclassified codes C9399, J3490 and J3590 prior authorization is only required for Gamifant®, Onpatro™, and Ulltomiris™</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>			
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
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Non-emergent ground ambulance transport	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 21240 21246 21299	21123 21142 21147 21155 21193 21198 21209 21242 21247	21125 21143 21150 21159 21194 21199 21210 21244 21255	21127 21145 21151 21160 21195 21206 21215 21245 21296
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 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1831 L1840 L1847 L1970 L2020 L2037 L2108	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1812 L1832 L1844 L1860 L2000 L2030 L2038 L2126	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1820 L1834 L1845 L1945 L2005 L2034 L2060 L2136	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1830 L1836 L1846 L1950 L2010 L2036 L2106 L2350

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)

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
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Orthotics and prosthetics (cont'd)		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 required	70371	92506	92507	92508
		For prior authorization, please call OptumHealth Physical Health at 800-873-4575 or the notification number on the back of the member's health plan ID card..	92526	92626	92627	92630
		92633	96105	97012	97014	
		97016	97018	97022	97024	
		97026	97028	97032	97033	
For patients ages 21 and older:		97034	97035	97036	97039	
Care providers must also complete the Patient Summary Form PSF-750 online. If you're registered with Optum, you can edit and submit the form at		97110	97112	97113	97116	
myoptumhealthphysicalhealth.com		97124	97139	97140	97150	
> Resource Library > Clinical Submission Forms. If you can't submit the form online, please call		97164	97168	97530	97535	
OptumHealth Physical Health at 800-873-4575 .		97537	97542*	97750	97760	
For patients younger than 21:		97761	97762	97799	G0129	
Care providers must submit the top two sections of the Patient Summary Form PSF-750 and TX Pediatric Supplement Form - you don't have to complete the patient section in the bottom third of the form. If you are not able to submit the form online or have questions, please call Optum Physical Health at 800-873-4575 .		G9041	G9043	G9044	S8990	
		S9152				
			OR billed with these Revenue codes:			
		419	420	421	422	
		423	424	429	430	
		431	432	433	434	
		439	977	978		
			* 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	T1002	T1003		
Proton beam therapy	Prior authorization required	77520	77522	77523	77525	
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge						
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 	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 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 .				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (cont'd)		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	Prior authorization required	Bone growth stimulator E0747 E0748 E0760			
Implantation of a device that sends electrical impulses		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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (cont'd)		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		
Vein procedures	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37780	
Ventricular assist devices (VAD)	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 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			