

# Prior Authorization Requirements for Texas STAR

Effective Sept. 1, 2020

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

**Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.**

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Bariatric Surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services		43644 43659 43775 43845 43847 43860	43645 43770 43842 43846 43848		Jan. 1, 2015	
<b>Behavioral Health Services</b>						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.
<b>Bone Growth Stimulator</b>		20975	20979		Jan. 1, 2015	
<b>Breast Reconstruction (Non-Mastectomy)</b> Reconstruction of the breast other than following mastectomy		19316 19324 19328 19340 19350 19361 19366 19368 19370 19380	19318 19325 19330 19342 19357 19364 19367 19369 19371 19396	Breast Reconstruction DX Codes	Jan. 1, 2015	Prior authorization is not required for these codes with Breast Reconstruction DX codes.  Prior authorization is required for all other DX codes.

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Cancer Supportive Care	Bone-Modifying Agents	J0897		Oncology DX Codes	June 1, 2018	<p>Prior authorization is required for these codes with Oncology DX codes. Prior authorization is not required for these codes with all other DX.</p> <p>Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 888-397-8129.</p>
	Colony-Stimulating Factors	Q5120			July 1, 2020	
		Q5108	Q5111		Jan. 1, 2019	
		J2505	J2820		Oct. 1, 2017	
	Colony-Stimulating Factors	Q5110		Oncology DX Codes	Jan. 1, 2019	
		J1442 J1447	Q5101		Oct. 1, 2017	
Cardiology		33270			Oct. 1, 2016	<p>Prior authorization is required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance.</p> <p>Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 866-889-8054.</p>
		33206	33207		Jan. 1, 2015	
		33208	33212			
		33213	33214			
		33221	33224			
		33225	33227			
		33228	33229			
		33230	33231			
		33240	33249			
		33262	33263			
		33264	93303			
		93304	93306			
		93307	93308			
		93350	93351			
		93452	93453			
		93454	93455			
		93456	93457			
	93458	93459				
	93460	93461				
Cardiovascular		37220	37221		Sept. 1, 2020	
		37224	37225			
		37226	37227			
		37228	37229			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Cardiovascular (continued)		75710	75716	Lower-Extremity Angiogram DX Codes	Oct. 1, 2019	Prior authorization is required for lower-extremity angiograms only.	
Cerebral Seizure Monitoring – Inpatient Video EEG		95726			March 1, 2020	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	
		95700	95711		Jan. 1, 2020		
		95712	95713				
		95714	95715				
		95716	95718				
Chemotherapy		J9177	J9198	Oncology DX Codes	July 1, 2020	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for an Oncology diagnosis.	
		J9246	J9358		March 1, 2020		
		Q5119			Feb. 1, 2020		
		J0642			Oct. 1, 2019	Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization.	
		J9309			Aug. 1, 2019		
		J9119	J9204		Jan. 1, 2019		
		J9210	J9269		April 1, 2018		
		J9313			Jan. 1, 2017		
		J9030	J9036				Prior authorization is required for the following codes regardless of cancer diagnosis. For prior authorization, please call 866-604-3267.
		J9044	J9057				
		J9153	J9173				
		J9229	J9311				
		J9312					
		J9022	J9023				
		J9203	J9285				
	J0640	J0641					
	J9000	J9015					
	J9017	J9019					
	J9020	J9025					
	J9027	J9032					
	J9033	J9034					
	J9035	J9039					
	J9040	J9041					
	J9042	J9043					
	J9045	J9047					
	J9050	J9055					
	J9060	J9065					
	J9070	J9098					
	J9100	J9120					
	J9130	J9145					
	J9150	J9151					
	J9155	J9160					
	J9165	J9171					
	J9175	J9176					
	J9178	J9179					
	J9181	J9185					
	J9190	J9200					
	J9201	J9202					
	J9205	J9206					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Chemotherapy (continued)</b>		J9207	J9208			
		J9209	J9211			
		J9212	J9213			
		J9214	J9215			
		J9216	J9217			
		J9218	J9225			
		J9226	J9228			
		J9230	J9245			
		J9250	J9260			
		J9261	J9262			
		J9263	J9264			
		J9266	J9267			
		J9268	J9271			
		J9280	J9293			
		J9295	J9299			
		J9301	J9302			
		J9303	J9305			
		J9306	J9307			
		J9308	J9315			
		J9320	J9328			
		J9330	J9340			
		J9351	J9352			
		J9354	J9355			
	J9357	J9360				
	J9370	J9371				
	J9390	J9395				
	J9400	J9600				
	J9999	Q2017				
	Q2043	Q2049				
	Q2050					
		C9399	J3490		Jan. 1, 2015	
		J3590				
<b>Circumcision</b>		54150	54160		Jan. 1, 2015	
		54161	54162			
<b>Cochlear Implants and Other Auditory Implants</b> A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69714	69715		Jan. 1, 2015	
		69718	69930			
		L8614	L8619			
		L8690	L8691			
		L8692				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Cosmetic &amp; Reconstructive</b> Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function  Reconstructive procedures that treat a medical condition or improve or restore physiologic function		11960	11971		Jan. 1, 2015	
		15820	15821			
		15822	15823			
		15830	15847			
		17106	17107			
		17108	17999			
		21137	21138			
		21139	21172			
		21175	21179			
		21180	21181			
		21182	21183			
		21184	21230			
		21235	21256			
		21275	21280			
		21282	21295			
		21740	21742			
		21743	28344			
		30620	67900			
		67901	67902			
		67903	67904			
	67906	67908				
	67909	67911				
	67912	67914				
	67915	67916				
	67917	67921				
	67922	67923				
	67924	67950				
	67961	67966				
	Q2026					
<b>Dental Anesthesia</b>		00170	41899		July 1, 2017	Prior authorization is required for members younger than 21 when billed with Modifier U3.
<b>Durable Medical Equipment (DME)</b>		E0787			May 1, 2020	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.  Prosthetics are not DME – see Orthotics and prosthetics.  Some home health care services may qualify, but are not subject to the cost threshold – see Home health care.
		A9900 E0637	E0465		May 1, 2019	
		E0277 E0329 E0471 E1130 E2310 E2512	E0328 E0470 E0652 E1825 E2311		April 1, 2019	
		E0766			April 1, 2017	
		E0466			Jan. 1, 2016	
		A9279 E0265 E0445 E0460 E0638 E0642 E0700 E0745 E0764 E1002 E1004 E1006	E0194 E0300 E0457 E0483 E0641 E0669 E0710 E0762 E0784 E1003 E1005 E1007		Jan. 1, 2015	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Durable Medical Equipment (DME) (continued)</b>		E1008	E1009			
		E1010	E1035			
		E1161	E1229			
		E1231	E1232			
		E1233	E1234			
		E1235	E1236			
		E1237	E1238			
		E1239	E1399			
		E2100	E2227			
		E2228	E2300			
		E2325	E2327			
		E2329	E2351			
		E2373	E2510			
		E2511	E2599			
		E2626	E2627			
		E2628	E2629			
		E2630	E8001			
		K0005	K0008			
		K0013	K0108			
		K0848	K0849			
		K0850	K0851			
		K0852	K0853			
		K0854	K0855			
		K0856	K0857			
		K0858	K0859			
		K0860	K0861			
		K0862	K0863			
		K0864	K0868			
		K0869	K0870			
		K0871	K0877			
		K0878	K0879			
		K0880	K0884			
		K0885	K0886			
	K0890	K0891				
	S1040	T1999				
<b>Enteral Services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034	B4035		May 1, 2019	
		B4036	B4100			
	B4103	B4104				
	B4149	B4150				
	B4152	B4153				
	B4155	B4158				
	B4159	B4160				
		B9002	B9998		Jan. 1, 2015	
<b>Experimental &amp; Investigational (and/or Linked Services)</b>		33477			May 2, 2016	
		36514	55866		Jan. 1, 2015	
		64722	66180			
		A9274	E1831			
<b>Femoroacetabular Impingement Syndrome</b>		29914	29915		Oct. 1 2015	
		29916				
<b>Functional Endoscopic Sinus Surgery (FESS)</b>		31253	31257		July 1, 2018	
		31259				
		31240	31254		May 2, 2016	
		31255	31256			
		31267	31276			
	31287	31288				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Gender Dysphoria Treatment		55970	55980		July 1, 2018	Prior authorization is required for these codes with any DX.
		56805	57335	Gender Dysphoria Treatment DX Codes		Prior authorization is only required for these DX codes.
Genetic and Molecular Testing to Include BRCA Gene Testing	BRCA Genetic Testing	81212	81215		Feb. 1, 2019	<p>Prior authorization is 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.</p> <p>Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.</p>
		81216	81217			
		81163	81164		Jan. 1, 2019	
	81165	81166				
	81162			Jan. 1, 2018		
	Genetic Testing	0111U	0129U		Nov. 1, 2019	
		0130U	0131U			
		0132U	0133U			
		0134U	0135U			
		0136U	0137U			
0138U						
	81167	81233		April 1, 2019		
	81237					
	0040U	81105		Feb. 1, 2019		
	81106	81107				
	81108	81109				
	81110	81111				
	81120	81121				
	81161	81170				
	81200	81201				
	81202	81203				
	81205	81206				
	81207	81208				
	81209	81210				
	81218	81219				
	81220	81221				
	81222	81223				
	81224	81225				
	81226	81227				
	81235	81240				
	81241	81242				
	81243	81244				
	81245	81246				
	81250	81251				
	81252	81253				
	81254	81255				
	81256	81257				
	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				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Genetic and Molecular Testing to Include BRCA Gene Testing (continued)		81300	81301				
		81302	81303				
		81304	81310				
		81313	81314				
		81315	81316				
		81317	81318				
		81319	81321				
		81322	81323				
		81324	81325				
		81326	81327				
		81330	81331				
		81332	81340				
		81341	81342				
		81350	81355				
		81370	81371				
		81372	81373				
		81374	81375				
		81376	81377				
		81378	81379				
		81380	81381				
	81382	81383					
	81400	81401					
	81402	81403					
	81404	81405					
	81406	81407					
	81408	81410					
	81411	81420					
		81507	81519				
Home Health Care		G0162			Jan. 1, 2018		
		G0299	G0300		March 1, 2016		
		99503	S9474		Jan. 1, 2015		
Injectable Medications	Adakveo®	J0791			July 1, 2020	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> .	
	Givlaari®	J0223					
	Reblozyl®	J0896					
	Ruxience®	Q5119					
	Vyondys 53®	J1429					
	Xembify®	J1558					
	Zolgensma®	J3399					
	Benlysta	J0490			April 1, 2020	Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.	
	Cimzia®	J0717					
	IV Iron Therapy	J1439	Q0138				
	Rituxan®	J9312					
	Rituxan Hycela®	J9311					
	Stelara IV®	J3358					
	**Therapeutic Radio-pharmaceuticals	A9590				March 1, 2020	**Please obtain prior notification for Synagis through OptumRx prior notifications services at <b>800-310-6826</b> . **For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to
	Sodium Hyaluronate	J7331	J7332			Nov. 1, 2019	
**Therapeutic Radio-pharmaceuticals	A9513						



Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization	
Injectable Medications (continued)	Evenity™	J3111			Oct. 1, 2019	<p><b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call <b>888-397-8129</b>.</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</b> &gt; Link &gt; Prior Authorization and Notification tile on your Link dashboard or call <b>877-842-3210</b>.</p>	
	Gamifant®	J9210					
	Onpattro™	J0222					
	Sodium Hyaluronate	J7320 J7322 J7325 J7327	J7321 J7324 J7326 J7329				
	Ultomiris™	J1303					
	***White blood cell colony-stimulating factors	J1442 Q5101	J1447 Q5110				
	**Therapeutic Radio-pharmaceuticals	A9699					May 1, 2019
	Actemra®	J3262			Jan. 1, 2019		
	Brineura™	J0567					
	Crysvita®	J0584					
	Entyvio®	J3380					
	Fasenra™	J0517					
	Ilumya™	J3245					
	Inflectra®	Q5103					
	Luxturna™	J3398					
	Orencia®	J0129					
	Radicava®	J1301					
	Remicade®	J1745					
	Renflexis®	Q5104					
	Simponi Aria	J1602					
	Trogarzo™	J1746					
	Parsabiv™	J0606					Nov. 1, 2018
	Sublocade™	Q9991	Q9992				July 1, 2018
	Ilaris®	J0638			April 1, 2018		
	Exondys 51™	J1428			Jan. 1, 2018		
	IVIIG	J1555					
	Makena®	J1726	J1729				
	Ocrevus™	J2350					
	Spinraza™	J2326					
	Lemtrada®	J0202			Oct. 1, 2017		
	Soliris®	J1300			April 1, 2017		
	Cinqair®	J2786					
Nucala®	J2182						
Probuphine®	J0570						
IVIIG	J1575			May 1, 2016			
Acthar®	J0800			Jan. 1, 2015			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
	Botulinum Toxin	J0585 J0587	J0586 J0588			
	IVIg	90284 J1556 J1559 J1566 J1569 J1599	J1459 J1557 J1561 J1568 J1572			
	Makena®	J2675				
	*Synagis®	90378				
	Xolair®	J2357				
<b>Injectable Medications – Unclassified</b>	Cutaquig® Spravato™	C9399 J3590	J3490		Jan. 1, 2015*  *Reflects the effective date for the unlisted codes not the specific drug names listed	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.
<b>Joint Replacement</b> Joint, total hip and knee replacement procedures		23470 23473 24360 24362 24370 27120 27125 27132 27137 27412 27447 27487 29867	23472 23474 24361 24363 24371 27122 27130 27134 27138 27446 27486 29866 29868		Jan. 1, 2015	
<b>Non-Emergent Air Ambulance Transport</b>		A0430 A0435	A0431 A0436		Jan. 1, 2015	
<b>Non-Emergent Ground Ambulance TX MANDATE</b>		A0382 A0420 A0424 A0426 A0433	A0398 A0422 A0425 A0428 A0434		April 1, 2016	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthognathic Surgery		21121	21123		Jan. 1, 2015	
		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		L1832			May 1, 2019	Prior authorization is required for the orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.
		L3763	L4631		April 1, 2019	
		L5647	L5649			
		L5673	L5683			
		L5700	L5705			
		L5845	L5962			
		L5986	L5999			
		L1812	L1820		Jan. 1, 2018	
		L1830	L1831			
		L1836	L1847			
		L1834			March 1, 2019	
		L0112	L0170		Jan. 1, 2015	
		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	L1840			
		L1844	L1845			
		L1846	L1860			
		L1945	L1950			
	L1970	L2000				
	L2005	L2010				
	L2020	L2030				
	L2034	L2036				
	L2037	L2038				
	L2060	L2106				
	L2108	L2126				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Orthotics and Prosthetics (continued)		L2136	L2350			
		L2510	L2526			
		L2627	L2628			
		L3230	L3265			
		L3649	L3671			
		L3674	L3720			
		L3730	L3740			
		L3764	L3900			
		L3901	L3904			
		L3905	L3961			
		L3971	L3975			
		L3976	L3977			
		L3999	L4000			
		L4010	L4020			
		L5010	L5020			
		L5050	L5060			
		L5100	L5105			
		L5150	L5160			
		L5200	L5210			
		L5220	L5230			
		L5250	L5270			
		L5280	L5301			
		L5312	L5321			
		L5331	L5341			
		L5400	L5420			
		L5460	L5500			
		L5505	L5510			
		L5520	L5530			
		L5535	L5540			
		L5560	L5570			
		L5580	L5585			
		L5590	L5595			
		L5600	L5610			
		L5613	L5614			
		L5616	L5639			
		L5640	L5642			
		L5643	L5644			
		L5646	L5648			
		L5651	L5653			
		L5661	L5682			
		L5702	L5703			
		L5706	L5716			
		L5718	L5722			
		L5724	L5726			
		L5728	L5780			
		L5790	L5795			
		L5811	L5812			
		L5814	L5816			
		L5818	L5822			
		L5824	L5826			
	L5828	L5830				
	L5848	L5857				
	L5858	L5930				
	L5950	L5960				
	L5961	L5964				
	L5966	L5968				
	L5973	L5976				
	L5979	L5980				
	L5981	L5982				
	L5984	L5987				
	L5988	L5990				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Orthotics and Prosthetics (continued)</b>		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				
<b>Outpatient Therapy</b>		92521	92522		Nov. 1, 2019	Prior authorization is required for all ST/OT and PT services (evaluations, re-evaluations and therapy visits).
		92523	92524			
		92610	97161			
		97162	97163			
		97165	97166			
		97167				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Outpatient Therapy (continued)		70371 92627 92633 97024 97035 97139 97164 97535 97542* 97760 S9152	92626 92630 96105 97032 97036 97150 97168 97537 97750 97761		July 1, 2017	<p>Prior authorization should be submitted online through the Optum Physical Health portal at <a href="http://myoptumphysicalhealth.com">myoptumphysicalhealth.com</a>.</p> <p>All prior authorization requests will require:</p> <ul style="list-style-type: none"> <li>•Optum Physical Health Patient Summary Form (PSF-750)</li> <li>•Texas Medicaid Pediatric Supplement to the PSF-750 Form (for members younger than 21 only).</li> </ul> <p>For questions about prior authorization or Optum Physical Health portal assistance, please contact Optum Physical Health 800-873-4575.</p> <p>* Prior authorization is not required for DME providers.</p>
		97530			Nov. 7, 2016	
		92507 92526 97014 97018 97026 97033 97039 97112 97116 97140 G0129	92508 97012 97016 97022 97028 97034 97110 97113 97124 97799 S8990		Jan. 1, 2015	
	<b>OR billed with these revenue codes</b>	419 421 423 429 431 433 439 978	420 422 424 430 432 434 977			
Prescribed Pediatric Extended Care Services (PPEC)		T1025 T2002	T1026		Oct. 1, 2018	
Private Duty Nursing		T1000 T1003	T1002		Jan. 1, 2015	
Proton Beam Therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge		77520 77523	77522 77525		Jan. 1, 2015	
Psychological Testing		96116 96130 96132 96136	96121 96131 96133 96137		Oct. 1, 2019	
Radiology		76391			March 1, 2020	Care providers ordering an advanced outpatient imaging procedure are responsible for
		76390 78831	78830 78832		Jan. 1, 2020	

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (continued)		0501T	0502T		Jan. 1, 2019	providing notification prior to scheduling the procedure.
		0503T	0504T			
		77046	77047			
		77048	77049			
		70336	70450		Jan. 1, 2015	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 866-889-8054.
		70460	70470			
		70480	70481			
		70482	70486			
		70487	70488			
		70490	70491			
		70492	70496			
		70498	70540			
		70542	70543			
		70544	70545			
		70546	70547			
		70548	70549			
		70551	70552			
		70553	70554			
		70555	71250			
		71260	71270			
		71275	71550			
		71551	71552			
		71555	72125			
		72126	72127			
		72128	72129			
		72130	72131			
		72132	72133			
		72141	72142			
		72146	72147			
		72148	72149			
		72156	72157			
		72158	72159			
		72191	72192			
		72193	72194			
		72195	72196			
		72197	72198			
		73200	73201			
		73202	73206			
		73218	73219			
		73220	73221			
	73222	73223				
	73225	73700				
	73701	73702				
	73706	73718				
	73719	73720				
	73721	73722				
	73723	73725				
	74150	74160				
	74170	74174				
	74175	74176				

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
Radiology (continued)		74177	74178			
		74181	74182			
		74183	74185			
		74261	74262			
		74263	74712			
		74713	75557			
		75559	75561			
		75563	75571			
		75572	75573			
		75574	75635			
		76376	76377			
		76380	76497			
		76498	77021			
		77084	78012			
		78013	78014			
		78015	78016			
		78018	78070			
		78071	78072			
		78075	78099			
		78102	78103			
		78104	78185			
		78195	78199			
		78201	78202			
		78215	78216			
		78226	78227			
		78230	78231			
		78232	78258			
		78261	78262			
		78264	78265			
		78266	78278			
		78282	78290			
		78291	78299			
		78300	78305			
		78306	78315			
		78399	78428			
		78445	78451			
		78452	78453			
		78454	78456			
		78457	78458			
		78466	78468			
	78469	78472				
	78473	78481				
	78483	78494				
	78496	78499				
	78579	78580				
	78582	78597				
	78598	78599				
	78600	78601				
	78605	78606				
	78608	78609				



Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Radiology (continued)</b>		78610	78630			
		78635	78645			
		78650	78660			
		78699	78700			
		78701	78707			
		78708	78709			
		78740	78761			
		78799	78800			
		78801	78802			
		78803	78804			
		78811	78812			
		78813	78814			
		78815	78816			
		78999	C8900			
		C8901	C8902			
		C8903	C8905			
		C8906	C8908			
		C8909	C8910			
		C8911	C8912			
		C8913	C8914			
		C8918	C8919			
		C8920	C8931			
		C8932	C8933			
	C8934	C8935				
	C8936	G0235				
	G0252	G0297				
	S8037	S8042				
	S8085	S8092				
<b>Rhinoplasty and Septoplasty</b> Treatment of nasal functional impairment and septal deviation		30400	30410		Jan. 1, 2015	
		30420	30430			
		30435	30450			
		30460	30462			
		30465				
<b>Sinuplasty</b>		31298			July 1, 2018	
		31295	31296		Aug. 3, 2015	
		31297				
<b>Site of Service (SOS) – Outpatient Hospital</b>	Auditory System	69205			July 1, 2020	Prior authorization is only required when requesting service in an outpatient hospital setting.  Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).
	Cardiovascular System	36590	36832			
	Carpal Tunnel Surgery	64721				
	Cataract Surgery	66821 66984	66982			
	Colonoscopy	45378 45384	45380 45385			

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

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

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Site of Service (SOS) – Outpatient Hospital (continued)</b>	Tonsillectomy & Adenoidectomy	42820 42825 42830	42821 42826			
	Upper Gastrointestinal Endoscopy	43235 43249	43239			
	Urinary System	52276 52320	52287 52344			
	Urologic Procedures	50590 52005 52224 52235 52281 52332 52352 52356 55700	52000 52204 52234 52260 52310 52351 52353 55040 57288			
<b>Sleep Apnea Procedures &amp; Surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685 42145	41599		Jan. 1, 2015	
<b>Spinal Surgery</b>		22100 22102 22112 22206 22210 22214 22224 22533 22551 22556 22586 22595 22610 22630 22800 22804 22810 22818 22830 22850 22855 22899 63003 63011 63015 63017 63030 63042 63046 63050	22101 22110 22114 22207 22212 22220 22532 22548 22554 22558 22590 22600 22612 22633 22802 22808 22812 22819 22849 22852 22865 63001 63005 63012 63016 63020 63040 63045 63047 63055			

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Spinal Surgery (continued)</b>		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					
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Bone Growth Stimulator	E0760			Dec. 7, 2015	
		E0747	E0748		Jan. 1, 2015	
	Neurostimulator	43648	43881		Jan. 1, 2015	
		43882	61863			
		61864	61867			
		61868	61885			
		61886	63650			
		63655	63685			
		64553	64555			
		64568	64570			
		64590	L8680			
		L8682	L8685			
	L8686	L8687				
	L8688					
<b>Transplants</b>	CAR T-Cell Therapy	0537T	0538T		Jan. 1, 2019	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.
		0539T	0540T			
		Q2042				
			Q2041		April 1, 2018	
	Transplant Services	32850	32851		Jan. 1, 2015	
		32852	32853			
		32854	32855			
		32856	33930			
		33933	33935			
		33940	33944			
		33945	38208			
		38209	38210			
		38212	38213			
		38214	38215			
		38240	38241			
38242		44132				
44133	44135					
44136	44137					
44715	44720					

Category	Subcategory	Code		Diagnosis Code	Prior Authorization Effective Date	Additional Information/How to Obtain Prior Authorization
<b>Transplants (continued)</b>		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					
	38232			Oncology DX Codes	Jan. 1, 2015	
<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		36473			April 1, 2017	
		36475	36478		Jan. 1, 2015	
		37700	37718			
		37722	37780			
<b>Ventricular Assist Device (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928		Jan. 1, 2018	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at <b>855-282-8929</b> .
		33929				
		33975	33976		Jan. 1, 2015	
		33979	33981			
		33982	33983			
	Q0507	Q0508				
	Q0509					
<b>Wound Vac</b>		E2402			Jan. 1, 2015	

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