



UNITED AIRLINES TX HCN PREAUTHORIZATION REQUIREMENTS

The following treatment requests must be approved in advance:

- All surgeries CPT Codes 1-6 and G codes which represent a surgical procedure with a billed amount greater than \$500.00, including spinal and artificial disc surgery. Pre-authorization request should include specific hardware to be used for the procedure.
- Spine surgery
- Inpatient hospitalization
- Intradiscal Electrothermal Annuloplasty (IDET)
- Physical medicine and rehabilitation (after 12 visits)
- Home health care/aides, physical therapy/aides
- Occupational therapy (after 12 visits)
- Chiropractic treatments (after 6 visits)
- Work hardening (non-exempted) and work conditioning program
- Acupuncture after 6 visits
- Repeat MRI/CT scans and standing MRI procedures other than x-rays (preauthorization required on MRI and CT procedures after initial diagnostic procedures)
- Electromyography (EMG) and nerve conduction velocity (NCV) testing
- Initial MRI/CT scan of the spine within the first 42 days of the date of injury
- Repeat individual diagnostic study, with a reimbursement established in the current medical fee guideline of greater than \$350.00 or without a reimbursement rate in medical fee guidelines (unless otherwise specified)
- Epidural steroid injections
- Facet injections
- Trigger point injections
- SI joint injections
- Botox injections
- Joint steroid injections (after 3 injections)
- Durable Medical Equipment (DME) billed charges greater than \$500.00 per item (either purchase or expected cumulative rental)
- TENS units
- External and implantable bone growth stimulators
- Spinal cord stimulators



- Psychological testing and biofeedback unless the service is part of a pre-authorization or division exempted returned rehabilitation program
- Biofeedback
- Chronic pain management/interdisciplinary pain rehabilitation
- Skilled nursing visits
- Nursing home, skilled nursing facility, convalescent or residential care admissions
- Investigational or experimental procedures service or device for which there is early, developing scientific or clinical evidence demonstrating the potential efficacy of the treatment, service, or device but that is not yet broadly accepted as the prevailing standard of care
- Chemical dependency program
- Discogram
- Power traction devices such as Vax-D
- Drugs not included but not limited to:
 - Texas Department of Insurance, Division of Workers' Compensation (DWC) Pharmacy Closed Formulary per 28 TAC §134, Subchapter F
 - Drugs identified with a status of "N" in the current edition of the ODG Treatment in Workers' Comp (ODG) / Appendix A, ODG
 - Workers' Compensation Drug Formulary, and any updates;
 - All compound drugs
 - Any investigational or experimental drug for which there is early, developing scientific or clinical evidence demonstrating the potential efficacy of the treatment, but which is not yet broadly accepted as the prevailing standard of care as defined in Labor Code §413.014(a)
 - Pre-authorization of intrathecal drug delivery systems

The number to call to request one of these treatments is 800 844-4235.

If any of the listed treatments or service request is denied, we will tell you in writing. This written notice will have information about your right to request a reconsideration or appeal of the denied treatment. Any denial of treatment is called an Adverse determination. The Adverse determination letter will include information advising you and your provider of how to appeal. It will also tell you about your right to request review by an Independent Review Organization through the Texas Department of Insurance if you are not satisfied with the results of your appeal.