

Prior Authorization Requirements for Mississippi –Mississippi Coordinated Access Network

(MississippiCAN)

Effective Jan. 1, 2023

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Mississippi Coordinated Access Network 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 UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard.
- **Phone:** 866-604-3267
- **Fax:** 888-310-6858

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			
Behavioral health services	<p>Prior authorization required</p> <p>Our benefit plans provide coverage for behavioral health services through Optum Behavioral Health network.</p> <p>For more information, go to providerexpress.com> Guidelines/Policies & Manuals > State-Specific Manuals and Addendums > MS CAN Manual</p>	<p>For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.</p> <ul style="list-style-type: none"> • For ABA Therapy, submit via fax or Provider Express 			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	11971 19340 19361 19369 L8600	19318 19342 19364 19370	19328 19350 19367 19371	19330 19357 19368 19380
Cancer supportive care	Prior authorization required	<p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Filgrastim (Neupogen®) J1442</p> <p>Filgrastim-aafi (Nivestym™)</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer supportive care (continued)		<p>Q5110 Filgrastim-ayow (Releuko®) Q5125 Filgrastim-sndz (Zarxio®) Q5101 Pegfilgrastim (Neulasta®) J2506 Pegfilgrastim-apgf (Nyvepria™) Q5122 Pegfilgrastim-bmez (Ziextenzo®) Q5120 Pegfilgrastim-cbqv (UDENYCA™) Q5111 Pegfilgrastim-jmdb (Fulphila™) Q5108 Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447 Trilaciclib (Cosela™) J1448 <u>Anti-emetic Drugs that require prior authorization:</u> Akynzeo® (palonosetron/fosnetupitant) J1454 Cinvanti™ (aprepitant) J0185 Emend® (fosaprepitant) J1453 Sustol® (granisetron extended release) J1627 <u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Xgeva®) J0897 For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 888-397-8129.</p>
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance

Provider Portal dashboard. Or call **866-889-8054**.
 For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MScommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.

Cardiovascular	Prior authorization required				
		37220*	37221*	37224*	37225*
		37226*	37227*	37228*	37229*
		37230*	37231*	93580	
		*Prior authorization not required for the following diagnosis			
		E08.52	E09.52	E10.52	E11.52
		E13.52	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	I70.321	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	I70.421	I70.422	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	I70.521	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	I70.621	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	I70.721	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			

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:

- Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950), Leuprolide (J1952)
- 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

For prior authorization, please submit requests online by using

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129.

Circumcision	Prior authorization required	54161			
Cochlear implants and other auditory implants A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69714	69930	L8614	L8619
		L8690	L8691	L8692	
Cosmetic and reconstructive 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	Prior authorization required	11960	14020	14021	14041
		14061	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			
Durable medical equipment (DME)	Prior authorization required only for DME codes listed with a billed amount or cumulative rental cost of more than \$500 – outpatient only Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	A9280	A9900	E0194	E0265
		E0266	E0270	E0277	E0300
		E0328	E0329	E0445	E0457
		E0460	E0465	E0466	E0470
		E0471	E0483	E0486	E0620
		E0636	E0637	E0652	E0656
		E0669	E0670	E0675	E0693
		E0694	E0700	E0710	E0745
		E0762	E0764	E0784	E0787
		E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1030
		E1035	E1036	E1130	E1161
		E1220	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
E1237	E1238	E1239	E1825		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		E2100	E2227	E2228	E2230
		E2300	E2301	E2310	E2311
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2510
		E2511	E2512	E2599	E2626
		E2627	E2628	E2629	E2630
		E8000	E8001	E8002	K0005
		K0008	K0013	K0108	K0812
		K0830	K0831	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	T5999	V5281	V5282	
	V5283	V5286	V5287	V5288	
	V5290				
Elective/planned inpatient admissions	Prior authorization required at least 5 business days prior to non-urgent and/or outpatient services				
Emergent/urgent inpatient admissions	Prior authorization not required for urgent or emergent inpatient admissions – however, notification of admissions required within 24 hours				
Enteral and parenteral services	Prior authorization required	B4034	B4035	B4036	B9002
In-home nutritional therapy, either enteral or through a gastrostomy tube	Some enteral and parenteral products are priced as point-sale-items through pharmacy benefits and are dispensed through a retail pharmacy under contract with OptumRx. You can find a list of these products at medicaid.ms.gov > Providers > Pharmacy > Mississippi Preferred Drug List (PDL).	B9998	B9999		
Expanded early and periodic screening, diagnostic and treatment (EPSDT)	Prior authorization required for non-covered codes for members younger than age 21				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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For more information, please review the Administrative Code: Part 200 at medicaid.ms.gov > Providers > Administrative Code > Administrative Code Parts > Part 200: General Provider Information > Chapter 2: Benefits > Rule 2.2 Non-Covered Services.

Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	66180
		A4226	A6000	A9274	E0231
		E1831			

Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
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Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	

Genetic and molecular testing to include BRCA gene testing	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. 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.	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81167	81168	81170
		81171	81172	81173	81174
		81175	81176	81177	81178
		81179	81180	81181	81182
		81183	81184	81185	81186
		81187	81188	81189	81190
		81191	81192	81193	81194
		81200	81201	81203	81204
		81205	81208	81209	81216
		81218	81220	81222	81223
		81224	81225	81226	81227
		81228	81229	81230	81231
		81232	81233	81234	81236
		81237	81238	81239	81240
		81241	81242	81243	81244
		81245	81246	81247	81248
		81249	81250	81251	81252
81253	81254	81255	81256		
81257	81258	81259	81260		
81261	81262	81263	81264		
81265	81266	81267	81268		
81269	81271	81272	81273		
81274	81276	81277	81278		
81279	81283	81284	81285		
81286	81287	81288	81289		

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 (continued)		81290	81291	81292	81294
		81295	81297	81298	81300
		81302	81303	81304	81305
		81306	81307	81309	81310
		81312	81313	81314	81315
		81316	81317	81318	81319
		81320	81321	81322	81323
		81324	81325	81326	81327
		81328	81329	81330	81331
		81332	81333	81334	81335
		81336	81337	81338	81339
		81340	81341	81342	81343
		81344	81345	81346	81347
		81348	81350	81351	81352
		81353	81355	81357	81360
		81361	81362	81363	81364
		81370	81371	81372	81373
		81375	81376	81377	81378
		81379	81380	81381	81382
		81383	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	81419	81420
		81430	81431	81432	81433
		81434	81435	81436	81437
		81438	81439	81440	81442
		81443	81445	81448	81460
		81465	81470	81471	81479
		81507	81518	81519	81520
		81521	81546	81554	81595
		81599	87481	87482	87505
	87506	87507	87510	87511	
	87512	87623	87797	87798	
	87799	87800	87801	S3870	
Hearing aids	Prior authorization required	92591	92595	V5010	V5014
		V5030	V5040	V5050	V5060
		V5100	V5120	V5254	V5255
		V5256	V5257	V5258	V5259
		V5260	V5261		
Home health care	Prior authorization required only in outpatient settings, to include patient's home	S9122	S9123	S9124	
Hospice	Prior authorization required	T2042	T2043	T2044	T2045

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58290	58291	58292
		58542	58543	58544	58550
		58552	58553	58570	58571
		58572	58573		
Injectable medications	Prior authorization required*	Actemra®			
		J3262			
		Acthar®			
		J0800			
		Adakveo®			
		J0791			
		Aldurazyme®			
		J1931			
		Amondys 45			
		J1426			
		Amvuttra™			
		J0225			
		Aralast NP®			
		J0256			
		Avsola™			
		Q5121			
		Benlysta			
		J0490			
		Beriner®			
		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
J0567					
Cabenuva™					
J0741					
Cerezyme®					
J1786					
Cimzia®					
J0717					
Cinqair®					
J2786					
Cinryze®					
J0598					
Crysvita®					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		J0584
		Cutaquig®
		J1551
		Elaprase®
		J1743
		Elelyso®
		J3060
		Enjaymo™
		J1302
		Entyvio®
		J3380
		Erythropoiesis Stimulating Agents
		J0885
		Evenity™
		J3111
		Evkeeza™
		J1305
		Exondys 51™
		J1428
		Fabrazyme®
		J0180
		Fasenra™
		J0517
		Feraheme®
		Q0138
		Fensolvi®
		J1951
		Firmagon®
		J9155
		Gamifant®
		J9210
		Givlaari®
		J0223
		Glassia®
		J0257
		Ilaris®
		J0638
		Ilumya™
		J3245
		Inflectra®
		Q5103

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)	Injectafer®			
	J1439			
	IVIG			
	J1459	J1554	J1555	J1556
	J1557	J1559	J1561	J1566
	J1568	J1569	J1572	J1575
	J1599			
	Kalbitor®			
	J1290			
	Kanuma®			
	J2840			
	Korsuva®			
	J0879			
	Krystexxa®			
	J2507			
	Lemtrada®			
	J0202			
	Lumizyme®			
	J0221			
	Lupron Depot®			
	J1950			
	Lupron Depot, Eligard®			
	J9217			
	Luxturna™			
	J3398			
	Mepsevii®			
	J3397			
	Monoferric®			
J1437				
Naglazyme®				
J1458				
Nexviazyme®				
J0219				
Nplate®				
J2796				
Nucala®				
J2182				
Ocrevus™				
J2350				
Octreotide Acetate				
J2354				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		Onpattro™ J0222 Orencia® J0129 Oxlumo™ J0224 Parsabiv™ J0606 Probuphine® J0570 Prolastin C® J0256 Prolia®*** J0897 Radicava® J1301 Reblozyl® J0896 Releuko® Q5125 Remicade® J1745 Renflexis® Q5104 Revcovi® J3590 Riabni™ Q5123 Rituxan® J9312 Rituxan Hycela® J9311 Ruconest® J0596 Ruxience® Q5119 Ryplazim J2998 Sandostatin® LAR J2353 Saphnelo™

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J0491				
	Scenesse®				
	J7352				
	Signifor® LAR				
	J2502				
	Simponi Aria®				
	J1602				
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Soliris®				
	J1300				
	Somatuline® Depot				
	J1930				
	Spinraza™				
	J2326				
	Spravato™				
	S0013				
	Stelara®				
	J3358				
	Skyrizi®				
	J2327				
	Sublocade™				
	Q9991	Q9992			
	Supprelin® LA				
	J9226				
	Synagis®				
	90378				
	Tepezza®				
	J3241				
	Tezspire™				
	J2356				
	Therapeutic radiopharmaceuticals				
	A9513	A9590	A9606	A9607	
	A9699				
	Trelstar®				
	J3315				
	Triptodur®				
	J3316				
	Trogarzo™				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)	J1746			
	Truxima®			
	Q5115			
	Ultomiris™			
	J1303			
	Unclassified and temporary codes**			
	C9399	J3490	J3590	
	Uplizna®			
	J1823			
	Viltepso™			
	J1427			
	Vimizim®			
	J1322			
	Vyepti™			
	J3032			
	Vyondys 53®			
	J1429			
	Xembify®			
	J1558			
	Xolair®			
J2357				
Zemaira®				
J0256				
Zoladex®				
J9202				
Zolgensma®				
J3399				
<p>*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129.</p>				
<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>** For Unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Fylnetra®, Nulibry™, Purified Cortrophin™ Gel, Spevigo™ and Xenpozyme™</p>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		*** Prior authorization required for J0897 for non oncology diagnosis			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 24370 27130 27138 27486 29868	23472 24361 24371 27132 27412 27487	23473 24362 27120 27134 27446 29866	23474 24363 27125 27137 27447 29867
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21142 21147 21155 21193 21198 21209 21242 21247 21296	21123 21143 21150 21159 21194 21199 21210 21244 21248 21299	21125 21145 21151 21160 21195 21206 21215 21245 21249	21127 21146 21154 21188 21196 21208 21240 21246 21255
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed, with a retail purchase or cumulative rental cost of more than \$500	L0112 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1840 L1860 L2000 L2030 L2038 L2126 L2526 L3265 L3720 L3764	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1820 L1844 L1945 L2005 L2034 L2060 L2136 L2627 L3649 L3730 L3900	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1832 L1845 L1950 L2010 L2036 L2106 L2350 L2628 L3671 L3740 L3901	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1834 L1846 L1970 L2020 L2037 L2108 L2510 L3230 L3674 L3763 L3904

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	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	L6880		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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	L8609
		L8610	L8612	L8631	L8659
Out-of-network services A referral to a health care provider not contracted with UnitedHealthcare	All out-of-network services require prior authorization				
Outpatient therapies: Speech	Prior authorization required	92507			
Pain Injections and Management	Prior authorization required	64490	64493		
Prescribed pediatric extended care (PPEC)	Prior authorization required	T2002	T1025	T1026	
Private duty nursing	Prior authorization required when submitting, please use the HCFA1500 form to avoid claim reprocessing.	T1002			
Prostate procedures	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
Radiation Therapy	Prior authorization required	IGRT			
		77014	77387	G6001	G6002
		G6017			
		IMRT			
		Intensity-Modulated Radiation Therapy			
		77385	77386	G6015	G6016
		Proton Beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Special/Associated Services			
77331	77370	77399	77470		
SBRT/SRS					
77371	77372	77373			
Standard Radiation Therapy (2D/3D)					
Prior Auth required only when obtained with diagnosis codes in the following ranges:					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiation Therapy (continued)		C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92			
		77401	77402	77407	77412
		G6003	G6004	G6005	G6006
		G6007	G6008	G6009	G6010
		G6011	G6012	G6013	G6014
		Y90			
		Implantable Beta-Emitting Microspheres for treatment of malignant tumors			
		79445			
		To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the "Radiology, Cardiology, Oncology, and Radiation Therapy" box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests			
Radiology	Prior authorization required	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 UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MScommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.			
Rhinoplasty Treating 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
Site of service (SOS) – Outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Auditory System 69205 Cardiovascular System 36590 36832 Carpal Tunnel Surgery 64721 Cataract Surgery 66821 66982 66984 Colonoscopy 45378 45380 45384 45385 Cosmetic & Reconstructive 13101 13132 14040 14060			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Site of service (SOS) – Outpatient hospital (continued)		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 66987
		66988	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		
		Integumentary System		
		10121	11440	11450 11624
		11770	13121	15100 15120
		15240	19020	19120 19125
		Liver Biopsy		
		47000		
		Male Genital System		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Site of service (SOS) –
Outpatient hospital
(continued)

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

Tonsillectomy & Adenoidectomy

42820 42821 42825 42826

42830

Upper Gastrointestinal Endoscopy

43235 43239 43249

Urinary System

52276 52287 52320 52344

Urologic Procedures

50590 52000 52005 52204

52224 52234 52235 52260

52281 52310 52332 52351

52352 52353 52356 54161

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (continued)		55040	55700	57288	
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Sleep studies	Prior authorization required	95805 95811	95807	95808	95810
Spinal surgery	Prior authorization required	22100 22112 22210 22224 22513 22533 22556 22595 22630 22804 22818 22850 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22101 22114 22212 22510 22514* 22548 22558 22600 22633 22808 22819 22852 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305 0164T	22102 22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22855 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306	22110 22207 22220 22512 22532 22554 22590 22612 22802 22812 22849 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307
		*SOS also applies			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator					
		E0747	E0748	E0749	E0760		
		Neurostimulator					
		61863	61864	61867	61868		
		61885	61886	63650	63655		
		63685	64553	64555	64568		
		64570	L8682	L8685	L8686		
		L8687	L8688				
		Transplants	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maraluecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card			
				32851	32852	32853	32854
33935	33945			38240	38241		
44135	44136			44137	47135		
50300	50320			50340	50360		
50365	50370			50547			
CAR T-Cell therapy							
0537T	0538T			0539T	0540T		
J9999*	Q2041			Q2042	Q2053		
Q2054	Q2055			Q2056			
Gene Therapy							
C9399**	J3490**			J3590**			
*For unclassified codes J3490, J3590 and J9999 prior authorization is only required for Abecma®							
**Skysona™ and Zynteglo® will require PA through Optum Transplant							
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	36478	37700
		37718	37722	37765	37766		
		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					
Wound vac	Prior authorization required	E2402					