Prior authorization requirements for Mississippi Children's Health Insurance Program

Effective Mar. 1, 2025

General information

This list contains prior authorization requirements for UnitedHealthcare Community Plan network health care professionals who provide inpatient and outpatient services to Mississippi Health Insurance Program (CHIP) members. Please submit your prior authorization requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Phone: 877-842-3210**
- **Fax:** 888-310-6858

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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43645 43659 43770 43775 43842 43845 43846 43847 43848 43860
Behavioral health services Behavioral health services through a designated behavioral health network	Prior authorization required Our benefit plans provide coverage for behavioral health services through **Optum Behavioral Health** network. For more information go to **Provider Express** > Guidelines/Policies & Manuals > State-Specific Manuals and Addendums > **MS CAN Manual**	For specific codes requiring prior authorization, please call us at **877-743-8734** or the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services. For applied behavior analysis (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 19316 19318 19325 19328 19330 19340 19342 19350 19357 19361 19364 19367 19368 19369 19370 19371 19380 19396 L8600

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Cancer supportive care	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	**Injectable colony-stimulating factor drugs that require prior authorization:** **Filgrastim (Neupogen®)** **Eflapegrastim-xnst (Rolvedon®)** J1449 J1442 **Filgrastim-aafi (Nivestym™)** Q5110 **Filgrastim-ayow (Releuko®)** Q5125 **Filgrastim-sndz (Zarxio®)** Q5101 **Pegfilgrastim (Neulasta®)** J2506 **Pegfilgrastim-apgf (NyvepriaTM)** Q5122 **Pegfilgrastim-bmez (Ziextenzo®)** Q5120 **Pegfilgrastim-cbqv (UDENYCA™)** Q5111 **Pegfilgrastim-jmdb (Fulphila™)** Q5108 Sargramostim (Leukine®) J2820 **Tbo-filgrastim (Granix®)** J1447 **Trilaciclib (Cosela™)** J1448 **Anti-emetic Drugs that require prior authorization:** **Akynzeo® (palonosetron/fosnetupitant)** J1454 J1456 **Cinvanti™ (aprepitant)** J0185 **Emend® (fosaprepitant)** J1453 **Sustol® (granisetron extended release)** J1627 **Bone-modifying agent that requires prior authorization:** **Denosumab (Xgeva®)** J0897

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Cancer supportive care (cont.)		**Erythropoiesis-Stimulating Agents** J0885
Cardiology	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, and stress echoes prior to performance	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on Sign In in the top-right corner. Then, select the Prior Authorization and Notification on your dashboard. Or you can call **866-889-8054**. For more details and the CPT codes that require prior authorization, please visit **Cardiology Prior Authorization and Notification Program**
Cardiovascular	Prior authorization required	37220 93580
Chemotherapy	Prior authorization is 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) and 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 the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification on your dashboard. Or, you can call **888-397-8129**.
Cochlear and other auditory implants A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 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 15877 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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		67917	67921	67922	67923
		67924	67950	67961	67966
		Q2026			
		*Prior authorization not required when billed with the following diagnosis codes:			
		C43.0	C43.10	C43.111	C43.112
		C43.121	C43.122	C43.20	C43.21
		C43.22	C43.30	C43.31	C43.39
		C43.4	C43.51	C43.52	C43.59
		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101
		C44.1021	C44.1022	C44.1091	C44.1092
		C44.111	C44.1121	C44.1122	C44.1191
		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
Durable medical equipment (DME)	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.	A6549	A9279	A9280	A9900
		B4152	B4161	E0194	E0265
		E0266	E0270	E0277	E0300
		E0328	E0329	E0445	E0457
		E0460	E0465	E0466	E0470
		E0471	E0483	E0486	E0620
		E0621	E0636	E0637	E0656
		E0669	E0670	E0675	E0693
		E0694	E0700	E0710	E0745
		E0762	E0764	E0766	E0784
		E0787	E0953	E0954	E0955
		E0956	E0957	E0960	E0984
		E0986	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
		E1009	E1010	E1028	E1030
		E1035	E1036	E1130	E1161
		E1220	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1239	E1399
		E1825	E2100	E2201	E2203
		E2206	E2209	E2211	E2213
		E2219	E2227	E2228	E2230
		E2231	E2298	E2301	E2310
		E2311	E2313	E2322	E2323
		E2325	E2327	E2329	E2331
		E2351	E2373	E2374	E2377
		E2386	E2510	E2511	E2512
		E2599	E2626	E2627	E2628
		E2629	E2630	E8000	E8001
		E8002	K0005	K0008	K0013
		K0108	K0812	K0825	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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		T1999 V5270 V5281 V5287	T5999 V5271 V5282 V5288	V2786 V5272 V5283 V5290	V5269 V5274 V5286
Enteral and parenteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4150 B4159 B9999	B4035 B4103 B4153 B4160	B4036 B4104 B4155 B9002	B4100 B4149 B4158 B9998
Experimental and investigational (and/or linked services)	Prior authorization required	36514 66180 A9274 S1030 S9990	64722 A4226 E0231 S1031 S9991	65765 A4638 E1831 S2102	65767 A6000 S0810 S9988
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic and molecular testing to include BRCA gene testing	Prior authorization is required for genetic and molecular testing performed in an outpatient setting Health care professionals 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 health care professional must notify the laboratory conducting the test and the laboratory will notify	81162 81229 81402 81406 81411 81415 81431 81439 81448 81507 81521 87505	81163 81277 81403 81407 81412 81416 81432 81440 81460 81518 81546 87506	81164 81400 81404 81408 81413 81417 81435 81443 81465 81519 81595 87507	81228 81401 81405 81410 81414 81420 81437 81445 81479 81520 81599 S3870

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
	UnitedHealthcare.				
Hearing aid services	Prior authorization required	92590	92591	92592	92593
		92594	92595	S0618	V5010
		V5011	V5014	V5030	V5040
		V5050	V5060	V5095	V5100
		V5120	V5190	V5230	V5242
		V5243	V5244	V5245	V5246
		V5247	V5248	V5249	V5250
		V5251	V5252	V5253	V5254
		V5255	V5256	V5257	V5258
		V5259	V5260	V5261	V5262
		V5263	V5267	V5298	
Home health care	Prior authorization is required only in outpatient settings, to include member's home.	G0299	G0300	S9474	
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58290	58291	58292	58542
		58543	58544	58550	58552
		58553	58570	58571	58572
		58573			
Injectable medications	Prior authorization required*	**Actemra®**			
		J3262			
		Acthar®			
		J0801			
		Adakveo®			
		J0791			
		Aduhelm®			
		J0172			
		Adzynma			
		J7171			
		Aldurazyme®			
		J1931			
		Amvuttra™			
		J0225			
		Amondys 45			
		J1426			
		Apretude			
		J0739			
		Aralast NP®			
		J0256			
		Avsola™			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Q5121
		Benlysta
		J0490
		Beqvez
		J1414
		Berinert®
		J0597
		Botulinum toxins
		J0585 J0586 J0587 J0588
		Brineura™
		J0567
		Briumvi®
		J2329
		Cerezyme®
		J1786
		Cimzia®
		J0717
		Cinqair®
		J2786
		Cinryze®
		J0598
		Cortrophin® Gel
		J0802
		Cosentyx
		J3247
		Cryvista®
		J0584
		Cutaquig
		J1551
		Daxxify
		J0589
		Elaprase®
		J1743
		Elelyso®
		J3060
		Elfabrio®
		J2508
		Elevidys
		J1413
		Enjaymo™
		J1302
		Entyvio®

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J3380			
		Evenity™			
		J3111			
		Evkeeza™			
		J1305			
		Exondys 51™			
		J1428			
		Eylea HD			
		J0177			
		Fabrazyme®			
		J0180			
		Fasenra™			
		J0517			
		Feraheme®			
		Q0138			
		Fensolvi®			
		J1951			
		Firmagon®			
		J9155			
		Fylnetra®			
		Q5130			
		Gamifant®			
		J9210			
		Givlaari®			
		J0223			
		Glassia®			
		J0257			
		Hemgenix®			
		J1411			
		Ilaris®			
		J0638			
		Ilumya™			
		J3245			
		Inflectra®			
		Q5103			
		Injectafer®			
		J1439			
		IVIG			
		90283	90284	J1459	J1552
		J1554	J1555	J1556	J1557
		J1559	J1561	J1566	J1568

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J1569	J1572	J1575	J1599
		Izervay			
		J2782			
		Kalbitor®			
		J1290			
		Kanuma®			
		J2840			
		Kisunla			
		J0175			
		Korsuva®			
		J0879			
		Krystexxa®			
		J2507			
		Lamzede®			
		J0217			
		Lanreotide			
		J1932			
		Lemtrada®			
		J0202			
		Leqembi®			
		J0174			
		Leqvio			
		J1306			
		Lumizyme®			
		J0221			
		Lupron Depot®			
		J1950			
		Lupron Depot, Eligard®			
		J9217			
		Luxturna™			
		J3398			
		Mepsevii®			
		J3397			
		Monoferric®			
		J1437			
		Naglazyme®			
		J1458			
		Nexviazyme®			
		J0219			
		Nplate®			
		J2802			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		**Nucala®** J2182 **Ocrevus™** J2350 **Octreotide Acetate** J2354 **Omvoh IV** J2267 **Onpattro™** J0222 **Orencia®** J0129 **Oxlumo™** J0224 **Panzyga®** J1576 **Parsabiv™** J0606 **Pombiliti** J1203 **Prolastin C®** J0256 **Prolia® ***** J0897 **Qalsody®** J1304 **Radicava®** J1301 **Reblozyl®** J0896 **Releuko®** Q5125 **Remicade®** J1745 **Renflexis®** Q5104 **Revcovi®** J3590 **Riabni™** Q5123 **Rituxan®**

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J9312 **Rituxan Hycela®** J9311 **Roctavian** J1412 **Ruconest®** J0596 **Ruxience®** Q5119 **Ryplazim®** J2998 **Rystiggo** J9333 **Sandostatin® LAR** J2353 **Saphnelo™** J0491 **Scenesse®** J7352 **Signifor® LAR** J2502 **Simponi Aria®** J1602 **Skyrizi®** J2327 **Sodium Hyaluronate** J7320 J7321 J7322 J7324 J7325 J7326 J7327 J7329 J7331 J7332 **Soliris®** J1300 **Somatuline® Depot*** J1930 **Spinraza™** J2326 **Spevigo®** J1747 **Stelara®** J3358 **Sublocade™** Q9991 Q9992 **Supprelin® LA**

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J9226 **Syfovre™** J2781 **Synagis®** 90378 **Tepezza®** J3241 **Tezspire™** J2356 **Therapeutic radiopharmaceuticals** A9513 A9590 A9606 A9607 A9699 **Tofidence** Q5133 **Trelstar®** J3315 **Tremfya IV** J1628 **Triptodur®** J3316 **Truxima®** Q5115 **Tyenne** Q5135 **Tzield™** J9381 **Ultomiris™** J1303 **Unclassified and temporary codes**** C9159 C9399 C9172 J3490 J3590 **Uplizna®** J1823 **Viltepso™** J1427 **Vimizim®** J1322 **Veopoz** J9376 **Vyepti™** J3032

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		**Vyjuvek™** J3401 **Vyondys 53®** J1429 **Vyvgart Hytrulo** J9334 **Xembify®** J1558 **Xenpozyme™** J0218 **Xolair®** J2357 **Zemaira®** J0256 **Zoladex®** J9202 **Zolgensma®** J3399 *For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your dashboard. Or you can call **888-397-8129**. ** For unclassified and temporary codes C9159, C9172, C9399, J3490 and J3590, prior authorization is only required for Nulibry™ and Rivfloza *** For code J0897, prior authorization is required for non oncology diagnosis. 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. Predetermination is highly recommended for the drugs on the list. The **Review at Launch for New to Market Medications**.
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470 23472 23473 23474 24360 24361 24362 24363 24370 24371 27120 27125 27130 27132 27134 27137 27138 27412 27446 27447

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Joint replacement (cont.)		27486	27487	29866	29867
		29868	J7330	S2112	
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	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization is required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than $500.	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	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3660	L3670
		L3671	L3674	L3720	L3730
		L3740	L3901	L3763	L3764
		L3900	L3971	L3904	L3905
		L3961	L3999	L3975	L3976
		L3977	L4631	L4000	L4010
		L4020	L5060	L5010	L5020
		L5050	L5160	L5100	L5105
		L5150	L5230	L5200	L5210
		L5220	L5301	L5250	L5270
		L5280	L5341	L5312	L5321
		L5331	L5500	L5400	L5420
		L5460	L5530	L5505	L5510
		L5520	L5570	L5535	L5540
		L5560	L5595	L5580	L5585
		L5590	L5614	L5600	L5610

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5613	L5642	L5616	L5639
		L5640	L5647	L5643	L5644
		L5646	L5653	L5648	L5649
		L5651	L5683	L5661	L5673
		L5682	L5705	L5700	L5702
		L5703	L5722	L5706	L5716
		L5718	L5780	L5724	L5726
		L5728	L5812	L5790	L5795
		L5811	L5822	L5814	L5816
		L5818	L5830	L5824	L5826
		L5828	L5858	L5845	L5848
		L5857	L5961	L5930	L5950
		L5960	L5968	L5962	L5964
		L5966	L5980	L5973	L5976
		L5979	L5986	L5981	L5982
		L5984	L5999	L5987	L5988
		L5990	L6050	L6000	L6010
		L6020	L6120	L6055	L6100
		L6110	L6250	L6130	L6200
		L6205	L6350	L6300	L6310
		L6320	L6382	L6360	L6370
		L6380	L6500	L6384	L6400
		L6450	L6582	L6550	L6570
		L6580	L6590	L6584	L6586
		L6588	L6646	L6621	L6623
		L6624	L6689	L6648	L6686
		L6687	L6694	L6690	L6692
		L6693	L6704	L6695	L6696
		L6697	L6711	L6707	L6708
		L6709	L6715	L6712	L6713
		L6714	L6883	L6880	L6881
		L6882	L6900	L6884	L6885
		L6895	L6920	L6905	L6910
		L6915	L6940	L6925	L6930
		L6935	L6960	L6945	L6950
		L6955	L7007	L6965	L6970
		L6975	L7045	L7008	L7009
		L7040	L7185	L7170	L7180
		L7181	L7405	L7186	L7190
		L7191	L8044	L8040	L8042
		L8043	L8499	L8045	L8046
		L8047	L8631	L8609	L8610
		L8612	L8659		
Outpatient therapies: speech	Prior authorization required	92507			
Pain Injections and	Prior authorization required	64490	64493		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Management		
Prostate Procedures	Prior authorization required	37243 52441 52442 53850 53852 55873 55874
Private duty nursing	Prior authorization required	S9122 S9123 S9124 T1000 T1001 T1002 T1003
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: 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 the UnitedHealthcare Provider Portal at **UHCprovider.com** 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 is required for participating physicians who request the following advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans	Health care professionals 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 Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or you can call **866-889-**

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Radiology (cont.)	• Nuclear medicine and nuclear cardiology procedures	**8054**. For more details and the CPT codes that require prior authorization, please visit **Radiology Prior Authorization and Notification**.
Septoplasty and rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30410 30420 30430 30435 30450 30460 30462 30465
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 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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital (cont.)		**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	49650	49651	
		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	G0260		
		Nervous System			
		64561	64640		
		Ophthalmologic			
		65426	65730	65855	66170

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital (cont.)		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
		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	95807	95808	95810
		95811			
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22515	22532	22533
		22548	22551	22554	22556
		22558	22586	22590	22595
		22600	22610	22612	22630
		22633	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22849	22850
		22852	22855	22856	22861
		22899	63001	63003	63005
		63011	63012	63015	63016
		63017	63020	63030	63040
		63042	63045	63046	63047
		63050	63055	63056	63064
		63075	63077	63081	63085

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Spinal surgery (cont.)		63087	63090	63101	63102
		63170	63172	63173	63185
		63190	63191	63200	63250
		63251	63252	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308		
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	**Bone growth stimulator**			
		E0747	E0748	E0749	E0760
		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 Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene 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.			
		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	50547	S2060	S2061
		S2152			
		CAR T-Cell Therapy			
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056		
		Gene Therapy			
		C9399***	J3490***	J3590***	J3392
		J3394			

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Transplants (cont.)		*Code 38232 will only require prior authorization for an oncology diagnosis. *** Amtagvi, Lantidra, Lenmeldy, Spevigo™, Tecelra and Zynteglo® will require prior authorization 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 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

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