

Prior authorization requirements for Mississippi Children's Health Insurance Program

Effective Apr. 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

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 (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 J1456 Cinvanti™ (aprepitant) J0185 Emend® (fosaprepitant) J1453 Sustol® (granisetron extended release) J1627 <u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Xgeva®) J0897

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cancer supportive care (cont.)		<u>Erythropoiesis-Stimulating Agents</u>			
		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	Prior authorization required	69710	69714	69930	L8614
A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech		L8619	L8690	L8691	L8692
Cosmetic and reconstructive	Prior authorization required	11960	14020*	14021*	14041
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		14061*	15820	15821	15822
		15823	15830	15847	15877
		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21182	21183	21184	21230
		21235	21256	21275	21280
		21282	21295	21740	21742
		21743	28344	30620	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916

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.	A6549		A9279		A9280		A9900	
		B4152		B4161		E0194		E0265	
		E0266		E0270		E0277		E0300	
		E0328		E0329		E0445		E0457	
	Prosthetics are not DME – See Orthotics and prosthetics.	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	T5999	V2786	V5269
		V5270	V5271	V5272	V5274
		V5281	V5282	V5283	V5286
		V5287	V5288	V5290	
Enteral and parenteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4153	B4155	B4158
		B4159	B4160	B9002	B9998
		B9999			
Experimental and investigational (and/or linked services)	Prior authorization required	36514	64722	65765	65767
		66180	A4226	A4638	A6000
		A9274	E0231	E1831	S0810
		S1030	S1031	S2102	S9988
		S9990	S9991		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic and molecular testing to include BRCA gene testing	Prior authorization is required for genetic and molecular testing performed in an outpatient setting	81162	81163	81164	81228
		81229	81277	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81410
		81411	81412	81413	81414
	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.	81415	81416	81417	81437
		81431	81432	81435	81445
		81439	81440	81443	81479
		81448	81460	81465	81520
		81521	81518	81519	81599
		87505	81546	81595	S3870
		87506	87507		
	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				

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			
		Beriner[®]			
		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			
		Fynetra®			
		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

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				
	Lamzed®				
	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				
	Nexvazyme®				
	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
		Ocrevus Zunovo
		J2351
		Octreotide Acetate
		J2354
		OmvoH IV
		J2267
		Onpattro™
		J0222
		Orencia®
		J0129
		Oxlumo™
		J0224
		Panzyga®
		J1576
		Parsabiv™
		J0606
		PiaSky
		J1307
		Pombiliti
		J1203
		Prolastin C®
		J0256
		Prolia® ***
		J0897
		Qalsody®
		J1304
		Radicava®
		J1301
		Reblozyl®
		J0896
		Releuko®
		Q5125
		Remicade®
		J1745
		Renflexis®
		Q5104
		Revcovi®

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J3590			
		Riabni™			
		Q5123			
		Rituxan®			
		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®			
		J1299			
		Somatuline® Depot*			
		J1930			
		Spinraza™			
		J2326			
		Spevigo®			
		J1747			
		Stelara®			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J3358			
		Sublocade™			
		Q9991	Q9992		
		Supprelin® LA			
		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			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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**Injectable medications
(cont.)**

Veopoz
J9376
Vyepti™
J3032
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](https://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	Prior authorization required	23470	23472	23473	23474
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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/		21141	21142	21143	21145
jaw functional impairment		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5331	L5500	L5400	L5420
		L5460	L5530	L5505	L5510
		L5520	L5570	L5535	L5540
		L5560	L5595	L5580	L5585
		L5590	L5614	L5600	L5610
		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L8047 L8612	L8631 L8659	L8609	L8610
Outpatient therapies: speech	Prior authorization required	92507			
Pain Injections and Management	Prior authorization required	64490	64493		
Prostate Procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
Private duty nursing	Prior authorization required	S9122 T1001	S9123 T1002	S9124 T1003	T1000
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	Health care professionals ordering an advanced outpatient			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Radiology (cont.)	required for participating physicians who request the following advanced outpatient imaging procedures: - Certain CT, MRI, MRA and PET scans - Nuclear medicine and nuclear cardiology procedures	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 866-889-8054. 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 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 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			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital (cont.)		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	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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital (cont.)		29893	G0260		
	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
		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 22548 22558 22600 22633 22808 22819 22852	22101 22114 22212 22510 22515 22551 22586 22610 22800 22810 22830 22855	22102 22206 22214 22511 22532 22554 22590 22612 22802 22812 22849 22856	22110 22207 22220 22512 22533 22556 22595 22630 22804 22818 22850 22861

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Spinal surgery (cont.)		22899	63001	63003	63005
		63011	63012	63015	63016
		63017	63020	63030	63040
		63042	63045	63046	63047
		63050	63055	63056	63064
		63075	63077	63081	63085
		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	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		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			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Transplants (cont.)					
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056	Q2057	
		Gene Therapy			
		C9301**	C9399***	J3490***	J3590***
		J3392	J3394		
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		*** Amtagvi,Aucatzyl Lantidra, Lenmeldy, Spevigo™ and Zynteglo® will require prior authorization through Optum Transplant			
Vein procedures	Prior authorization required				
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	36475	36478	37700
		37718	37722	37765	37766
		37780			
Ventricular assist devices (VAD)	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			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			