

# Prior authorization requirements for Mississippi –Mississippi Coordinated Access Network

(MississippiCAN)

Effective Jan. 1, 2024

## 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](https://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: 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 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 how to obtain prior authorization			
<b>Behavioral health services</b>	<p>Prior authorization required</p> <p>Our benefit plans provide coverage for behavioral health services through <a href="#">Optum Behavioral Health</a> network.</p> <p>For more information, go to <a href="https://providerexpress.com">providerexpress.com</a> &gt; Guidelines/Policies &amp; Manuals &gt; State-Specific Manuals and Addendums &gt; 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"> <li>• For ABA Therapy, submit via fax or Provider Express</li> </ul>			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast reconstruction (non-mastectomy)</b> 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
<b>Cancer supportive care</b>	Prior authorization required	<p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p><b>Filgrastim (Neupogen®)</b> J1442</p> <p><b>Filgrastim-aafi (Nivestym™)</b></p>			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Cancer supportive care (cont.)		Q5110 <b>Filgrastim-ayow (Releuko®)</b>
		Q5125 <b>Filgrastim-sndz (Zarxio®)</b>
		Q5101 <b>Eflapegrasstim-xnst (Rolvedon®)</b>
		J1449 <b>Pegfilgrastim (Neulasta®)</b>
		J2506 <b>Pegfilgrastim-apgf (Nyvepria™)</b>
		Q5122 <b>Pegfilgrastim-bmez (Ziextenzo®)</b>
		Q5120 <b>Pegfilgrastim-cbqv (UDENYCA™)</b>
		Q5111 <b>Pegfilgrastim-jmdb (Fulphila™)</b>
		Q5108 <b>Sargramostim (Leukine®)</b>
		J2820 <b>Tbo-filgrastim (Granix®)</b>
		J1447 <b>Trilaciclib (Cosela™)</b>
		J1448 <b><u>Anti-emetic Drugs that require prior authorization:</u></b>
		J1454 <b>Akynzeo® (palonosetron/fosnetupitant)</b>
		J1456 <b>Cinvanti™ (aprepitant)</b>
		J0185 <b>Emend® (fosaprepitant)</b>
		J1453 <b>Sustol® (granisetron extended release)</b>
		J1627 <b><u>Bone-modifying agent that requires prior authorization:</u></b>
		J0897 <b>Denosumab (Xgeva®)</b>
		J0885 <b><u>Erythropoiesis-Stimulating Agents</u></b>
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
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the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 888-397-8129.

**Cardiology**

Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance

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](https://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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		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
		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			
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy	<b>Injectable chemotherapy drugs that require prior authorization:</b>			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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<b>Chemotherapy (cont.)</b>	drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950), Leuprolide (J1952)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>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</li> </ul>				
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<b>Circumcision</b>	Prior authorization required	54161				
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<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69714	69930	L8614	L8619	
A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech		L8690	L8691	L8692		

<b>Cosmetic and reconstructive</b>	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	
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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		

\*Prior authorization not required when billed with the following diagnosis codes:

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|----------|----------|----------|----------|
| 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 |



Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		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
		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 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> .	A6549	A9280	A9900
B4161			E0194	E0265	E0266
E0270			E0277	E0300	E0328
E0329			E0445	E0457	E0465
E0466			E0470	E0471	E0483
E0486			E0620	E0621	E0636
E0637			E0652	E0656	E0669
E0670	E0675	E0693	E0694		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>		E0700	E0710	E0745	E0762
		E0764	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	E2204	E2206
		E2209	E2211	E2213	E2219
		E2227	E2228	E2230	E2231
		E2300	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	T5999	
	V5281	V5282	V5283	V5286	
	V5287	V5288	V5290		
<b>Elective/planned inpatient admissions</b>	Prior authorization required at least 5 business days prior to non-urgent and/or outpatient services				
<b>Emergent/urgent inpatient admissions</b>	Prior authorization not required for urgent or emergent inpatient admissions – however, notification of admissions required within 24 hours				
<b>Enteral and parenteral services</b> In-home nutritional therapy,	Prior authorization required Some enteral and parenteral	B4034 B9998	B4035 B9999	B4036	B9002

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
either enteral or through a gastrostomy tube	products are priced as point-sale-items through pharmacy benefits and are dispensed through a retail pharmacy under contract with OptumRxI. You can find a list of these products at <a href="https://www.medicaid.ms.gov">medicaid.ms.gov</a> > Providers > Pharmacy > Mississippi Preferred Drug List (PDL).				
<b>Expanded early and periodic screening, diagnostic and treatment (EPSDT)</b>	<p>Prior authorization required for non-covered codes for members younger than age 21</p> <p>For more information, please review the Administrative Code: Part 200 at <a href="https://www.medicaid.ms.gov">medicaid.ms.gov</a> &gt; Providers &gt; Administrative Code &gt; Administrative Code Parts &gt; Part 200: General Provider Information &gt; Chapter 2: Benefits &gt; Rule 2.2 Non-Covered Services.</p>				
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	66180
		A4226	A6000	A9274	E0231
		E1831			
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Genetic and molecular testing to include BRCA gene testing</b>	<p>Prior authorization is required for genetic and molecular testing performed in an outpatient setting</p> <p>Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test.</p> <p>Notification/Prior</p>	81162	81163	81164	81228
		81229	81277	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81410
		81411	81412	81413	81414
		81415	81416	81417	81420
		81431	81432	81433	81435
		81436	81437	81438	81439
		81440	81443	81445	81448
		81460	81465	81479	81507
		81518	81519	81520	81521
		81546	81595	81599	87505
		87506	87507	S3870	



Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
	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.				
<b>Hearing aids</b>	Prior authorization required	92591 V5030 V5100 V5256 V5260	92595 V5040 V5120 V5257 V5261	V5010 V5050 V5254 V5258	V5014 V5060 V5255 V5259
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include patient's home	S9122	S9123	S9124	
<b>Hospice</b>	Prior authorization required	T2042	T2043	T2044	T2045
<b>Hysterectomy</b>	Prior authorization required	58150 58262 58290 58543 58553 58573	58152 58263 58291 58544 58570	58180 58267 58292 58550 58571	58260 58270 58542 58552 58572
<b>Injectable medications</b>	Prior authorization required*	<b>Actemra®</b> J3262 <b>Acthar®</b> J0801 <b>Adakveo®</b> J0791 <b>Aduhelm®</b> J0172 <b>Aldurazyme®</b> J1931 <b>Amondys 45</b> J1426 <b>Amvuttra™</b> J0225 <b>Aralast NP®</b> J0256 <b>Avsola™</b> Q5121 <b>Benlysta</b> J0490 <b>Beriner®</b>			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization		
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(cont.)		J0597			
		<b>Botulinum toxins</b>			
		J0585	J0586	J0587	J0588
		<b>Brineura™</b>			
		J0567			
		<b>Briumvi®</b>			
		J2329			
		<b>Cabenuva™</b>			
		J0741			
		<b>Cerezyme®</b>			
		J1786			
		<b>Cimzia®</b>			
		J0717			
		<b>Cinqair®</b>			
		J2786			
		<b>Cinryze®</b>			
		J0598			
		<b>Cortrophin® Gel</b>			
		J0802			
		<b>Crysvita®</b>			
		J0584			
		<b>Cutaquig®</b>			
		J1551			
		<b>Elaprase®</b>			
		J1743			
		<b>ElELYso®</b>			
		J3060			
		<b>Elevidys</b>			
		J1413			
		<b>Elfabrio®</b>			
		J2508			
		<b>Enjaymo™</b>			
		J1302			
		<b>Entyvio®</b>			
		J3380			
		<b>Erythropoiesis Stimulating Agents</b>			
		J0885			
		<b>Evenity™</b>			
		J3111			
		<b>Evkeeza™</b>			
		J1305			

**Injectable medications**

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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(cont.)	<b>Exondys 51™</b>				
	J1428				
	<b>Fabrazyme®</b>				
	J0180				
	<b>Fasenra™</b>				
	J0517				
	<b>Feraheme®</b>				
	Q0138				
	<b>Fensolvi®</b>				
	J1951				
	<b>Firmagon®</b>				
	J9155				
	<b>Fylnetra®</b>				
	Q5130				
	<b>Gamifant®</b>				
	J9210				
	<b>Givlaari®</b>				
	J0223				
	<b>Glassia®</b>				
	J0257				
	<b>Hemgenix®</b>				
	J1411				
	<b>Ilaris®</b>				
	J0638				
	<b>Ilumya™</b>				
	J3245				
	<b>Inflectra®</b>				
	Q5103				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG</b>				
	J1459	J1554	J1555	J1556	
	J1557	J1559	J1561	J1566	
	J1568	J1569	J1572	J1575	
	J1599				
<b>Kalbitor®</b>					
J1290					
<b>Kanuma®</b>					
J2840					
<b>Korsuva®</b>					
J0879					

**Injectable medications**

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Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
(cont.)		<b>Krystexxa®</b> J2507 <b>Lamzede®</b> J0217 <b>Lanreotide</b> J1932 <b>Lemtrada®</b> J0202 <b>Legembi®</b> J0174 <b>Lumizyme®</b> J0221 <b>Lupron Depot®</b> J1950 <b>Lupron Depot, Eligard®</b> J9217 <b>Luxturna™</b> J3398 <b>Mepsevii®</b> J3397 <b>Monoferric®</b> J1437 <b>Naglazyme®</b> J1458 <b>Nexviazyme®</b> J0219 <b>Nplate®</b> J2796 <b>Nucala®</b> J2182 <b>Ocrevus™</b> J2350 <b>Octreotide Acetate</b> J2354 <b>Onpattro™</b> J0222 <b>Orencia®</b> J0129 <b>Oxlumo™</b> J0224 <b>Panzyga®</b>
<b>Injectable medications</b>		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
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(cont.)		<p>J1576</p> <p><b>Parsabiv™</b></p> <p>J0606</p> <p><b>Prolastin C®</b></p> <p>J0256</p> <p><b>Prolia®***</b></p> <p>J0897</p> <p><b>Qalsody™</b></p> <p>J1304</p> <p><b>Radicava®</b></p> <p>J1301</p> <p><b>Reblozyl®</b></p> <p>J0896</p> <p><b>Releuko®</b></p> <p>Q5125</p> <p><b>Remicade®</b></p> <p>J1745</p> <p><b>Renflexis®</b></p> <p>Q5104</p> <p><b>Revcovi®</b></p> <p>J3590</p> <p><b>Riabni™</b></p> <p>Q5123</p> <p><b>Rituxan®</b></p> <p>J9312</p> <p><b>Rituxan Hycela®</b></p> <p>J9311</p> <p><b>Roctavian</b></p> <p>J1412</p> <p><b>Ruconest®</b></p> <p>J0596</p> <p><b>Ruxience®</b></p> <p>Q5119</p> <p><b>Ryplazim</b></p> <p>J2998</p> <p><b>Rystiggo</b></p> <p>J9333</p> <p><b>Sandostatin® LAR</b></p> <p>J2353</p> <p><b>Saphnelo™</b></p> <p>J0491</p>
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**Injectable medications**

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
(cont.)		<b>Scenesse®</b>			
		J7352			
		<b>Signifor® LAR</b>			
		J2502			
		<b>Simponi Aria®</b>			
		J1602			
		<b>Sodium Hyaluronate</b>			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		<b>Soliris®</b>			
		J1300			
		<b>Somatuline® Depot</b>			
		J1930			
		<b>Spevigo®</b>			
		J1747			
		<b>Spinraza™</b>			
		J2326			
		<b>Spravato™</b>			
		S0013			
		<b>Stelara®</b>			
		J3358			
		<b>Skyrizi®</b>			
		J2327			
		<b>Sunlenca</b>			
		J1961			
		<b>Supprelin® LA</b>			
		J9226			
		<b>Syfovre®</b>			
		J2781			
		<b>Synagis®</b>			
		90378			
		<b>Tepezza®</b>			
		J3241			
		<b>Tezspire™</b>			
		J2356			
		<b>Therapeutic radiopharmaceuticals</b>			
		A9513	A9590	A9606	A9607
		A9699			
		<b>Trelstar®</b>			
		J3315			

**Injectable medications**

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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(cont.)		<b>Triptodur®</b>			
		J3316			
		<b>Trogarzo™</b>			
		J1746			
		<b>Truxima®</b>			
		Q5115			
		<b>Tzield™</b>			
		J9381			
		<b>Ultomiris™</b>			
		J1303			
		<b>Unclassified and temporary codes**</b>			
		C9159	C9160	C9162	J3490
		J3590			
		<b>Uplizna®</b>			
		J1823			
		<b>Viltepso™</b>			
		J1427			
		<b>Vimizim®</b>			
		J1322			
		<b>Vyepti™</b>			
		J3032			
		<b>Vyjuvek™</b>			
		J3401			
		<b>Vyondys 53®</b>			
		J1429			
		<b>Vyvgart Hytrulo</b>			
		J9334			
		<b>Xembify®</b>			
		J1558			
		<b>Xenpozyme™</b>			
		J0218			
		<b>Xolair®</b>			
		J2357			
		<b>Zemaira®</b>			
		J0256			
		<b>Zoladex®</b>			
		J9202			
		<b>Zolgensma®</b>			
		J3399			

**Injectable medications**

\*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare



Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
(cont.)		<p>Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> 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 &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="https://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; 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 Daxxify, Izervay, Nulibry™, Purified Cortrophin™ Gel, and Veopoz</p> <p>*** Prior authorization required for J0897 for non oncology diagnosis</p>			
<b>Joint replacement</b> 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
		27486	27487	29866	29867
		29868			
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		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				
<b>Orthotics and prosthetics</b>	Prior authorization 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
<b>Orthotics and prosthetics (cont.)</b>		L1310	L1499	L1680	L1685



Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
		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	L3761	L3763	L3764
		L3900	L3901	L3904	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
<b>Orthotics and prosthetics (cont.)</b>					

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
		L6380	L6382	L6384	L6400
		L6450	L6500	L6550	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6621	L6623
		L6624	L6646	L6648	L6686
		L6687	L6689	L6690	L6692
		L6693	L6694	L6695	L6696
		L6697	L6704	L6707	L6708
		L6709	L6711	L6712	L6713
		L6714	L6715	L6880	L6881
		L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910
		L6915	L6920	L6925	L6930
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
		L7181	L7185	L7186	L7190
		L7191	L7405	L8040	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8609	L8610
		L8612	L8631	L8659	
<b>Out-of-network services</b> A referral to a health care provider not contracted with UnitedHealthcare	All out-of-network services require prior authorization				
<b>Outpatient therapies: speech</b>	Prior authorization required	92507			
<b>Pain injections and management</b>	Prior authorization required	64490	64493		
<b>Prescribed pediatric extended care (PPEC)</b>	Prior authorization required	T2002	T1025	T1026	
<b>Private duty nursing</b>	Prior authorization required when submitting, please use the HCFA1500 form to avoid claim reprocessing.				
<b>Prostate procedures</b>	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
<b>Radiation therapy</b>	Prior authorization required	<b>IGRT</b>			
		77014	77387	G6001	G6002
		G6017			
		<b>IMRT</b>			
		<b>Intensity-Modulated Radiation Therapy</b>			
		77385	77386	G6015	G6016
		<b>Proton Beam</b>			
<b>Radiation therapy (cont.)</b>					

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
		<p>Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)</p> <p>77520      77522      77523      77525</p> <p><b>Special/Associated Services</b></p> <p>77331      77370      77399      77470</p> <p>SBRT/SRS</p> <p>77371      77372      77373</p> <p><b>Standard Radiation Therapy (2D/3D)</b></p> <p>Prior Auth required only when obtained with diagnosis codes in the following ranges:</p> <p>C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92</p> <p>77401      77402      77407      77412</p> <p>G6003      G6004      G6005      G6006</p> <p>G6007      G6008      G6009      G6010</p> <p>G6011      G6012      G6013      G6014</p> <p><b>Y90</b></p> <p>Implantable Beta-Emitting Microspheres for treatment of malignant tumors</p> <p>79445</p> <p>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</p>			
<b>Radiology</b>	Prior authorization required	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/MScommunityplan</b> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</p>			
<b>Rhinoplasty</b> Treating nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – Outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient	<p><b>Auditory System</b></p> <p>69205</p>			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Site of service (SOS) – Outpatient hospital (cont.)</b>	hospital setting  Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Cardiovascular System</b>			
		36590	36832		
		<b>Carpal Tunnel Surgery</b>			
		64721			
		<b>Cataract Surgery</b>			
		66821	66982	66984	
		<b>Colonoscopy</b>			
		45378	45380	45384	45385
		<b>Cosmetic &amp; Reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Digestive System</b>			
		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	
		<b>ENT Procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Eye and Ocular Adnexa</b>			
		65710	65820	66250	66710
		66711	66825	66986	66987
		66988	67010	67041	67042
		67105	67108	67113	67840
		68110	68115	68320	68720
		68815			
		<b>Female Genital System</b>			
		57240	57250	57461	57520
		58561	58562		
		<b>Gynecologic Procedures</b>			
		57522	58353	58558	58563
		58565			
		<b>Hemic and Lymphatic Systems</b>			
		38500	38510	38525	
		<b>Hernia Repair</b>			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization		
Site of service (SOS) – Outpatient hospital (cont.)		49505	49650	49651
		<b>Integumentary System</b>		
		10121	11440	11450 11624
		11770	13121	15100 15120
		15240	19020	19120 19125
		Liver Biopsy		
		47000		
		<b>Male Genital System</b>		
		54840		
		<b>Miscellaneous</b>		
		20680		
		<b>Musculoskeletal System</b>		
		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		
		<b>Nervous System</b>		
		64561	64640	
		<b>Ophthalmologic</b>		
		65426	65730	65855 66170
		66761	67028	67036 67040
		67228	67311	67312
		<b>Respiratory System</b>		
		30802	30930	31525 31535
		31536	31541	31624
		<b>Tonsillectomy &amp; Adenoidectomy</b>		
		42820	42821	42825 42826
		42830		
		<b>Upper Gastrointestinal Endoscopy</b>		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Site of service (SOS) – Outpatient hospital (cont.)</b>		43235	43239	43249	
		<b>Urinary System</b>			
		52276	52287	52320	52344
		<b>Urologic Procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
	<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145
<b>Sleep studies</b>	Prior authorization required	95805 95811	95807	95808	95810
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514*	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	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			
		*SOS also applies			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization					
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>					
		E0747	E0748	E0749	E0760		
		<b>Neurostimulator</b>					
		61863	61864	61867	61868		
		61885	61886	63650	63655		
		63685	64553	64555	64568		
		64570	L8682	L8685	L8686		
		L8687	L8688				
		<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>888-936-7246</b> 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			
<b>CAR T-Cell therapy</b>							
0537T	0538T			0539T	0540T		
J9999*	Q2041			Q2042	Q2053		
Q2054	Q2055			Q2056			
<b>Gene Therapy</b>							
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							
<b>Vein procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required			36473	36475	36478	37700
		37718	37722	37765	37766		
		37780					
<b>Ventricular assist devices (VAD)</b> 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 <b>855-282-8929</b> .					
		33927	33928	33929	33975		
		33976	33979	33981	33982		
		33983					
<b>Wound vac</b>	Prior authorization required	E2402					