

Prior authorization requirements for Mississippi –Mississippi Coordinated Access Network

(MississippiCAN)

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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Cancer supportive care (cont.)		Q5110 Filgrastim-ayow (Releuko®)
		Q5125 Filgrastim-sndz (Zarxio®)
		Q5101 Eflapegrasstim-xnst (Rolvedon®)
		J1449 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>
		J1454 Akynzeo® (palonosetron/fosnetupitant)
		J1456 Cinvanti™ (aprepitant)
		J0185 Emend® (fosaprepitant)
		J1453 Sustol® (granisetron extended release)
		J1627 <u>Bone-modifying agent that requires prior authorization:</u>
		J0897 Denosumab (Xgeva®)
		<u>Erythropoiesis-Stimulating Agents</u>
		J0885
		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

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, 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 > 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			
Cardiovascular (cont.)		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			

Chemotherapy

Prior authorization required for injectable chemotherapy

Injectable chemotherapy drugs that require prior authorization:

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Chemotherapy (cont.)	drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950), Leuprolide (J1952) Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code
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Circumcision	Prior authorization required	54161			
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Cochlear implants and other auditory implants A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69714	69930	L8614	L8619
		L8690	L8691	L8692	

Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	14020*	14021*	14041
		14061*	15820	15821	15822
		15823	15830	15847	17106
		17107	17108	17999	21137
		21138	21139	21172	21175
		21179	21180	21181	21182
		21183	21184	21230	21235
		21256	21275	21280	21282
		21295	21740	21742	21743
		28344	30620	67900	67901
		67902	67903	67904	67906
		67908	67909	67911	67912
		67914	67915	67916	67917
		67921	67922	67923	67924
		67950	67961	67966	

*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



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	B4152
			B4161	E0194	E0265	E0266
			E0270	E0277	E0300	E0328
			E0329	E0445	E0457	E0460
			E0465	E0466	E0470	E0471
E0483			E0486	E0620	E0621	
E0636			E0637	E0652	E0656	
E0669	E0670	E0675	E0693			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E0694	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	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	
	T5999	V5281	V5282	V5283	
	V5286	V5287	V5288	V5290	
Elective/planned inpatient admissions	Prior authorization required at least 5 business days prior to non-urgent and/or outpatient services				
Emergent/urgent inpatient admissions	Prior authorization not required for urgent or emergent inpatient admissions – however, notification of admissions required within 24 hours				
Enteral and parenteral services 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 Gainwell. You can find a list of these products at medicaid.ms.gov > Providers > Pharmacy > Mississippi Preferred Drug List (PDL).				
Expanded early and periodic screening, diagnostic and treatment (EPSDT)	<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 medicaid.ms.gov > Providers > Administrative Code > Administrative Code Parts > Part 200: General Provider Information > Chapter 2: Benefits > Rule 2.2 Non-Covered Services.</p>				
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	66180
		A4226	A6000	A9274	E0231
		E1831			
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
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	<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			
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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.

Hearing aids	Prior authorization required	92591	92595	V5010	V5014
		V5030	V5040	V5050	V5060
		V5100	V5120	V5254	V5255
		V5256	V5257	V5258	V5259
		V5260	V5261		

Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58290	58291	58292	58542
		58543	58544	58550	58552
		58553	58570	58571	58572

Injectable medications	Prior authorization required*	Actemra®			
		J3262			
		Acthar®			
		J0801			
		Adakveo®			
		J0791			
		Aduhelm®			
		J0172			
		Adzynma			
		J7171			
		Aldurazyme®			
		J1931			
		Amondys 45			
		J1426			
		Amvuttra™			
		J0225			
		Aralast NP®			
		J0256			
Avsola™					
Q5121					
Benlysta					
J0490					
Beriner®					
J0597					

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
		J0567			
		Briumvi®			
		J2329			
		Cerezyme®			
		J1786			
		Cimzia®			
		J0717			
		Cinqair®			
		J2786			
		Cinryze®			
		J0598			
		Cortrophin® Gel			
		J0802			
		Cosentyx IV			
		J3247			
		Crysvita®			
		J0584			
		Cutaquig®			
		J1551			
		Daxxify			
		J0589			
		Elaprase®			
		J1743			
		Elelyso®			
		J3060			
		Elevidys			
		J1413			
		Elfabrio®			
		J2508			
		Enjaymo™			
		J1302			
		Entyvio®			
		J3380			
		Evenity™			
		J3111			
		Evkeeza™			
		J1305			
		Exondys 51™			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)	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					
J1459	J1554	J1555	J1556	J1556	
J1557	J1559	J1561	J1566	J1566	
J1568	J1569	J1572	J1575	J1575	
J1599					
Izervay					
J2782					
Kalbitor®					
J1290					
Kanuma®					

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		J2840
		Korsuva®
		J0879
		Krystexxa®
		J2507
		Lamzed®
		J0217
		Lanreotide
		J1932
		Lemtrada®
		J0202
		Leqembi®
		J0174
		Lumizyme®
		J0221
		Lupron Depot®
		J1950
		Lupron Depot, Eligard®
		J9217
		Luxturna™
		J3398
		Mepsevii®
		J3397
		Monoferric®
		J1437
		Naglazyme®
		J1458
		Nexviazyme®
		J0219
		Nplate®
		J2796
		Nucala®
		J2182
		Ocrevus™
		J2350
		Octreotide Acetate
		J2354
		Omvoh IV
		J2267
		Onpattro™
		J0222

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization	
Injectable medications (cont.)		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®	
		J9312	
		Rituxan Hycela®	
		J9311	
		Roctavian	
		J1412	
		Ruconest®	
		J0596	
		Ruxience®	
		Q5119	
		Ryplazim	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)	J2998				
	Rystiggo				
	J9333				
	Sandostatin® LAR				
	J2353				
	Saphnelo™				
	J0491				
	Scenesse®				
	J7352				
	Signifor® LAR				
	J2502				
	Simponi Aria®				
	J1602				
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Soliris®				
	J1300				
	Somatuline® Depot				
	J1930				
	Spevigo®				
	J1747				
	Spinraza™				
	J2326				
	Stelara®				
	J3358				
	Skyrizi®				
	J2327				
	Supprelin® LA				
	J9226				
	Syfovre®				
	J2781				
Synagis®					
90378					
Tepezza®					
J3241					
Tezspire™					
J2356					
Therapeutic radiopharmaceuticals					
A9513	A9590	A9606	A9607		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization		
Injectable medications (cont.)		A9699		
		Trelstar®		
		J3315		
		Triptodur®		
		J3316		
		Truxima®		
		Q5115		
		Tzield™		
		J9381		
		Ultomiris™		
		J1303		
		Unclassified and temporary codes**		
		C9159	C9399	J3490
		J3590		
		Uplizna®		
		J1823		
		Veopoz		
		J9376		
		Viltepso™		
		J1427		
		Vimizim®		
		J1322		
		Vyepti™		
		J3032		
		Vyjuvek™		
		J3401		
		Vyondys 53®		
		J1429		
		Vyvgart Hytrulo		
		J9334		
		Xembify®		
		J1558		
		Xenpozyme™		
		J0218		
	Xolair®			
	J2357			
	Zemaira®			
	J0256			
	Zoladex®			
	J9202			
	Zolgensma®			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		J3399			
		<p>*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129.</p> <p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>** For Unclassified and temporary codes C9168, C9399, J3490 and J3590, prior authorization is only required for Nulibry™, Purified Cortrophin™ Gel, and Rivfloza</p> <p>*** Prior authorization required for J0897 for non oncology diagnosis</p>			
Joint replacement	Prior authorization required	23470	23472	23473	23474
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			
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		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 required only for orthotics and prosthetic codes listed, with a retail purchase or cumulative rental cost of	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)	more than \$500	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	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		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L6020	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
		L6320	L6350	L6360	L6370
		L6380	L6382	L6384	L6400
		L6450	L6500	L6550	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6621	L6623
		L6624	L6646	L6648	L6686
		L6687	L6689	L6690	L6692
		L6693	L6694	L6695	L6696
		L6697	L6704	L6707	L6708
		L6709	L6711	L6712	L6713
		L6714	L6715	L6880	L6881
		L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910
		L6915	L6920	L6925	L6930
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
	L7040	L7045	L7170	L7180	
	L7181	L7185	L7186	L7190	
	L7191	L7405	L8040	L8042	
	L8043	L8044	L8045	L8046	
	L8047	L8499	L8609	L8610	
	L8612	L8631	L8659		
Out-of-network services A referral to a health care provider not contracted with UnitedHealthcare	All out-of-network services require prior authorization				
Outpatient therapies: speech	Prior authorization required	92507			
Pain injections and management	Prior authorization required	64490	64493		
Prescribed pediatric extended care (PPEC)	Prior authorization required	T2002	T1025	T1026	
Private duty nursing	Prior authorization required when submitting, please use the HCFA1500 form to avoid claim reprocessing.	S9122	S9123	S9124	
Prostate procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
Radiation therapy	Prior authorization required	IGRT 77014 G6017 IMRT Intensity-Modulated Radiation Therapy	77387	G6001	G6002

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Radiation therapy (cont.)		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 UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the "Radiology, Cardiology, Oncology, and Radiation Therapy" box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests			
Radiology	Prior authorization required	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.			
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 866-889-8054 .			
		For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MScommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.			
Rhinoplasty	Prior authorization required	30400	30410	30420	30430
Treating nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory System			
		69205			
		Cardiovascular System			
		36590 36832			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	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			
		Female Genital System			
		57240 57250 57461 57520			
		58561 58562			
		Gynecologic Procedures			
		57522 58353 58558 58563			
		58565			
		Hemic and Lymphatic Systems			

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

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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Spinal surgery (cont.)		63308			
		*SOS also applies			
Stimulators	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		Neurostimulator			
		61863	61864	61867	61868
		61885	61886	63650	63655
		63685	64553	64555	64568
		64570	L8682	L8685	L8686
		L8687	L8688		
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card			
		32851	32852	32853	32854
		33935	33945	38240	38241
		44135	44136	44137	47135
		50300	50320	50340	50360
		50365	50370	50547	
		CAR T-Cell therapy			
		0537T	0538T	0539T	0540T
		J9999*	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	
		Gene Therapy			
		C9399**	J3490**	J3590**	J3394
		*For unclassified codes C9399, J3490, J3590 and J9999 prior authorization is only required for Amtagvi, Abecma®, Casgevy, Lantidra, Lenmeldy, Skysona™ and Zynteglo® will require PA through Optum Transplant			
Vein procedures	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37765	37766
		37780			
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
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			
Wound vac	Prior authorization required	E2402			

