

Prior authorization requirements for Mississippi Children's Health Insurance Program

Effective Oct. 1, 2024

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.	<p>Injectable colony-stimulating factor drugs that require prior authorization:</p> <p>Filgrastim (Neupogen®) Eflapegrastim-xnst (Rolvedon®) J1449 J1442</p> <p>Filgrastim-aafi (Nivestym™) Q5110</p> <p>Filgrastim-ayow (Releuko®) Q5125</p> <p>Filgrastim-sndz (Zarxio®) Q5101</p> <p>Pegfilgrastim (Neulasta®) J2506</p> <p>Pegfilgrastim-apgf (Nyvepria™) Q5122</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447</p> <p>Trilaciclib (Cosela™) J1448</p> <p><u>Anti-emetic Drugs that require prior authorization:</u></p> <p>Akynzeo® (palonosetron/fosnetupitant) J1454 J1456</p> <p>Cinvanti™ (aprepitant) J0185</p> <p>Emend® (fosaprepitant) J1453</p> <p>Sustol® (granisetron extended release) J1627</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</p>

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: <ul style="list-style-type: none"> • 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			
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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
Prosthetics are not DME – See Orthotics and prosthetics.	B4152	B4161	E0194	E0265	
	E0266	E0270	E0277	E0300	
	E0328	E0329	E0445	E0457	
	E0460	E0465	E0466	E0470	
	E0471	E0483	E0486	E0620	
	E0621	E0636	E0637	E0656	
	E0669	E0670	E0675	E0693	
	E0694	E0700	E0710	E0745	
	E0762	E0764	E0766	E0784	
	E0787	E0953	E0954	E0955	
	E0956	E0957	E0960	E0984	
	E0986	E1002	E1003	E1004	
	E1005	E1006	E1007	E1008	
	E1009	E1010	E1028	E1030	
	E1035	E1036	E1130	E1161	
	E1220	E1229	E1231	E1232	
	E1233	E1234	E1235	E1236	
	E1237	E1238	E1239	E1399	
	E1825	E2100	E2201	E2203	
	E2206	E2209	E2211	E2213	
	E2219	E2227	E2228	E2230	
	E2231	E2298	E2301	E2310	
	E2311	E2313	E2322	E2323	
	E2325	E2327	E2329	E2331	
	E2351	E2373	E2374	E2377	
	E2386	E2510	E2511	E2512	
	E2599	E2626	E2627	E2628	
	E2629	E2630	E8000	E8001	
	E8002	K0005	K0008	K0013	
	K0108	K0812	K0825	K0830	
	K0831	K0848	K0849	K0850	
	K0851	K0852	K0853	K0854	
	K0855	K0856	K0857	K0858	
	K0859	K0860	K0861	K0862	
	K0863	K0864	K0868	K0869	
	K0870	K0871	K0877	K0878	
	K0879	K0880	K0884	K0885	
	K0886	K0890	K0891	S1040	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
Durable medical equipment (DME) (cont.)		T1999	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	
		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			
	Health care professionals requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the genetic and molecular testing prior authorization/notification program for each specified genetic test.					
Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering health care professional must notify the laboratory conducting the test and the laboratory will notify						

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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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					
		Adzyna					
		J7171					
		Aldurazyme®					
		J1931					
		Amvuttra™					
		J0225					
		Amondys 45					
		J1426					
Aralast NP®							
J0256							
Avsola™							
Q5121							

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

	Benlysta				
	J0490				
	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				
	Ellyso[®]				
	J3060				
	Elfabrio[®]				
	J2508				
	Elevidys				
	J1413				
	Enjaymo[™]				
	J1302				
	Entyvio[®]				
	J3380				
	Evenity[™]				
	J3111				

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

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	J1554	
J1555	J1556	J1557	J1559	
J1561	J1566	J1568	J1569	
J1572	J1575	J1599		
Izervay				
J2782				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization	
Injectable medications (cont.)		Kalbitor®	
		J1290	
			Kanuma®
			J2840
			Korsuva®
			J0879
			Krystexxa®
			J2507
			Lamzede®
			J0217
			Lanreotide
			J1932
			Lemtrada®
			J0202
			Legembi®
			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	

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

J2267
Onpattro™
 J0222
Orencia®
 J0129
Oxlumo™
 J0224
Panzyga®
 J1576
Parsabiv™
 J0606
Pombiliti
 J1203
Prolastin C®
 J0256
Prolia® ***
 J0897
Qalsody®
 J1304
Radicava®
 J1301
Reblozyl®
 J0896
Releuko®
 Q5125
Remicade®
 J1745
Renflexis®
 Q5104
Revcovi®
 J3590
Riabni™
 Q5123
Rituxan®
 J9312
Rituxan Hycela®
 J9311
Roctavian
 J1412
Ruconest®
 J0596

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

Ruxience®				
Q5119				
Ryplazim®				
J2998				
Rystiggo				
J9333				
Sandostatin® LAR				
J2353				
Saphnelo™				
J0491				
Scenesse®				
J7352				
Signifor® LAR				
J2502				
Simponi Aria®				
J1602				
Skyrizi®				
J2327				
Sodium Hyaluronate				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
Soliris®				
J1300				
Somatuline® Depot*				
J1930				
Spinraza™				
J2326				
Spevigo®				
J1747				
Stelara®				
J3358				
Sublocade™				
Q9991	Q9992			
Supprelin® LA				
J9226				
Syfovre™				
J2781				
Synagis®				
90378				
Tepezza®				
J3241				

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

Tezspire™				
J2356				
Therapeutic radiopharmaceuticals				
A9513	A9590	A9606	A9607	
A9699				
Tofidence				
Q5133				
Trelstar®				
J3315				
Triptodur®				
J3316				
Truxima®				
Q5115				
Tzield™				
J9381				
Ultomiris™				
J1303				
Unclassified and temporary codes**				
C9159	C9399	C9167	C9172	
J3490	J3590			
Uplizna®				
J1823				
Viltepso™				
J1427				
Vimizim®				
J1322				
Veopoz				
J9376				
Vyepti™				
J3032				
Vyjuvek™				
J3401				
Vyondys 53®				
J1429				
Vyvgart Hytrulo				
J9334				
Xembify®				
J1558				
Xenpozyme™				
J0218				
Xolair®				

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

J2357

Zemaira®

J0256

Zoladex®

J9202

Zolgensma®

J3399

Zymfentra

J1748

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** For unclassified and temporary codes C9159, C9172, C9399, J3490 and J3590, prior authorization is only required for Beqvez, Nulibry™ and Rivfloza

*** For code J0897, prior authorization is required for non oncology diagnosis.

Please check our [Review at Launch for New to Market Medications](#) policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Predetermination is highly recommended for the drugs on the list. The [Review at Launch for New to Market Medications](#).

Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthognathic surgery (cont.)		21255	21296	21299	
Orthotics and prosthetics	Prior authorization is required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3660	L3670
		L3671	L3674	L3720	L3730
		L3740	L3901	L3763	L3764
		L3900	L3971	L3904	L3905
		L3961	L3999	L3975	L3976
		L3977	L4631	L4000	L4010
		L4020	L5060	L5010	L5020
		L5050	L5160	L5100	L5105
		L5150	L5230	L5200	L5210
		L5220	L5301	L5250	L5270
		L5280	L5341	L5312	L5321
		L5331	L5500	L5400	L5420
		L5460	L5530	L5505	L5510
		L5520	L5570	L5535	L5540
		L5560	L5595	L5580	L5585
		L5590	L5614	L5600	L5610
		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5960	L5968	L5962	L5964
		L5966	L5980	L5973	L5976
		L5979	L5986	L5981	L5982
		L5984	L5999	L5987	L5988
		L5990	L6050	L6000	L6010
		L6020	L6120	L6055	L6100
		L6110	L6250	L6130	L6200
		L6205	L6350	L6300	L6310
		L6320	L6382	L6360	L6370
		L6380	L6500	L6384	L6400
		L6450	L6582	L6550	L6570
		L6580	L6590	L6584	L6586
		L6588	L6646	L6621	L6623
		L6624	L6689	L6648	L6686
		L6687	L6694	L6690	L6692
		L6693	L6704	L6695	L6696
		L6697	L6711	L6707	L6708
		L6709	L6715	L6712	L6713
		L6714	L6883	L6880	L6881
		L6882	L6900	L6884	L6885
		L6895	L6920	L6905	L6910
		L6915	L6940	L6925	L6930
		L6935	L6960	L6945	L6950
		L6955	L7007	L6965	L6970
		L6975	L7045	L7008	L7009
		L7040	L7185	L7170	L7180
	L7181	L7405	L7186	L7190	
	L7191	L8044	L8040	L8042	
	L8043	L8499	L8045	L8046	
	L8047	L8631	L8609	L8610	
	L8612	L8659			
Outpatient therapies: speech	Prior authorization required	92507			
Pain Injections and 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 G6017	77387	G6001	G6002
		IMRT Intensity-Modulated Radiation Therapy 77385	77386	G6015	G6016

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Radiation Therapy (cont.)		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	<p>Prior authorization is required for participating physicians who request the following advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<p>Health care professionals 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 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.</p> <p>For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification.</p>			
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Septoplasty and rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

Sinuplasty	Prior authorization required	31295	31296	31297	31298
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Site of service (SOS) – Outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory System			
		69205			
		Cardiovascular System			



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital (cont.)	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	36590	36832		
		Carpal Tunnel Surgery			
		64721			
		Cataract Surgery			
		66821	66982	66984	
		Colonoscopy			
		45378	45380	45384	45385
		Cosmetic & Reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
		Digestive System			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		ENT Procedures			
		21320	30140	30520	69436
		69631			
		Eye and Ocular Adnexa			
		65710	65820	66250	66710
		66711	66825	66986	66987
		66988	67010	67041	67042
		67105	67108	67113	67840
		68110	68115	68320	68720
		68815			
		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	

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

Integumentary System

10121	11440	11450	11624
11770	13121	15100	15120
15240	19020	19120	19125

Liver Biopsy

47000

Male Genital System

54840

Miscellaneous

20680

Musculoskeletal System

20552	20553	21012	21013
21336	21554	21555	21556
21930	22514	22902	22903
23071	23075	24071	27327
27337	27632	28035	28039
28041	28060	28080	28090
28104	28110	28118	28119
28124	28285	28289	28292
28296	28297	28298	28299
29806	29807	29819	29822
29823	29824	29825	29826
29827	29828	29835	29840
29845	29846	29848	29861
29875	29876	29877	29879
29880	29881	29882	29888
29893	G0260		

Nervous System

64561	64640
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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
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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
Site of service (SOS) – Outpatient hospital (cont.)		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	Prior authorization required	21685	41599	42145
		Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea				
Sleep studies	Prior authorization required	95805	95807	95808		
		95811		95810		
Spinal surgery	Prior authorization required	22100	22101	22102	22110	
		22112	22114	22206	22207	
		22210	22212	22214	22220	
		22224	22510	22511	22512	
		22513	22515	22532	22533	
		22548	22551	22554	22556	
		22558	22586	22590	22595	
		22600	22610	22612	22630	
		22633	22800	22802	22804	
		22808	22810	22812	22818	
		22819	22830	22849	22850	
		22852	22855	22856	22861	
		22899	63001	63003	63005	
		63011	63012	63015	63016	
		63017	63020	63030	63040	
		63042	63045	63046	63047	
		63050	63055	63056	63064	
		63075	63077	63081	63085	
		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	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Stimulators (cont.)		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			
			0537T	0538T	0539T	0540T
			Q2041	Q2042	Q2053	Q2054
			Q2055	Q2056		
			Gene Therapy			
			C9399***	J3490***	J3590***	J3394

*Code 38232 will only require prior authorization for an oncology diagnosis.
 *** Amtagvi, Casgevvy, Lantidra, Lenmeldy, Spevigo™ and Zynteglo® will require prior authorization 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 ID card. Then, fax the form provided by the nurse to the Optum			
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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.		VAD Case Management team at 855-282-8929			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			