

# Prior authorization requirements for Mississippi Children's Health Insurance Program

Effective Mar. 1, 2024

## General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Mississippi Children's Health Insurance Program 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 tile 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>Bariatric surgery</b>	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
<b>Behavioral health services</b>	Prior authorization required	For specific codes requiring prior authorization, please call <b>877-743-8734</b> or the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
Behavioral health services through a designated behavioral health network	Our benefit plans provide coverage for behavioral health services through <a href="#">Optum Behavioral Health</a> network.	For ABA Therapy, submit via fax or Provider Express			
	For more information go to <a href="https://providerexpress.com">providerexpress.com</a> > Guidelines/Policies & Manuals > State-Specific Manuals and Addendums > MS CAN Manual				
<b>Bone growth stimulator</b>	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	11971	19316	19318	19325
Reconstruction of the breast except when following mastectomy		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
<b>Cancer supportive care</b>	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	<p><b>Injectable colony-stimulating factor drugs that require prior authorization:</b></p> <p><b>Filgrastim (Neupogen®)</b>  <b>Eflapegrastim-xnst (Rolvedon®)</b>  J1449  J1442</p> <p><b>Filgrastim-aafi (Nivestym™)</b>  Q5110</p> <p><b>Filgrastim-ayow (Releuko®)</b>  Q5125</p> <p><b>Filgrastim-sndz (Zarxio®)</b>  Q5101</p> <p><b>Pegfilgrastim (Neulasta®)</b>  J2506</p> <p><b>Pegfilgrastim-apgf (Nyvepria™)</b>  Q5122</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b>  Q5120</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b>  Q5111</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b>  Q5108</p> <p>Sargramostim (Leukine®)  J2820</p> <p><b>Tbo-filgrastim (Granix®)</b>  J1447</p> <p><b>Trilaciclib (Cosela™)</b>  J1448</p> <p><b><u>Anti-emetic Drugs that require prior authorization:</u></b></p> <p><b>Akynzeo® (palonosetron/fosnetupitant)</b>  J1454  J1456</p> <p><b>Cinvanti™ (aprepitant)</b>  J0185</p> <p><b>Emend® (fosaprepitant)</b>  J1453</p> <p><b>Sustol® (granisetron extended release)</b>  J1627</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b>  J0897</p>

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Cancer supportive care (cont.)</b>		<b><u>Erythropoiesis-Stimulating Agents</u></b>			
		J0885			
<b>Cardiology</b>	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 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 tile on your Provider Portal dashboard. Or call <b>866-889-8054</b> .			
		For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/MScommunityplan &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program.</b>			
<b>Cardiovascular</b>	Prior authorization required	37220	93580		
<b>Chemotherapy</b>	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"> <li>Chemotherapy injectable drugs (J9000-J9999), Leucovorin (J0640) and 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> 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 tile on your Provider Portal dashboard. Or call <b>888-397-8129</b> .			
<b>Cochlear and other auditory implants</b>	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
<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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Cosmetic and reconstructive (cont.)		67906	67908	67909	67911
		67912	67914	67915	67916
		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
<b>Cosmetic and reconstructive (cont.)</b>		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		
<b>Durable medical equipment (DME)</b>	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.	A6549	A9279	A9280	A9900	
		B4152	B4161	E0194	E0265	
		E0266	E0270	E0277	E0300	
		E0328	E0329	E0445	E0457	
		E0465	E0466	E0470	E0471	
		Prosthetics are not DME – See Orthotics and prosthetics.	E0483	E0486	E0620	E0621
			E0636	E0637	E0652	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	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	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			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	S1040	T1999
		T5999	V2786	V5269	V5270
		V5271	V5272	V5274	V5281
		V5282	V5283	V5286	V5287
		V5288	V5290		
<b>Enteral and parenteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998	B9999	
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	36514	55866*	64722	65765
		65767	66180	A4226	A4638
		A6000	A9274	E0231	E1831
		S0810	S1030	S1031	S2102
		S9988	S9990	S9991	
*Prior authorization not required eff 04/01/24					
<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>	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
	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.	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	
	Notification/Prior authorization is required for BRCA testing before DNA sequencing is performed.				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.

<b>Hearing aid services</b>	Prior authorization required	92590	92591	92592	92593
		92594	92595	S0618	V5010
		V5011	V5014	V5030	V5040
		V5050	V5060	V5095	V5100
		V5120	V5170	V5180	V5190
		V5220	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		

<b>Home health care</b>	Prior authorization is required only in outpatient settings, to include member's home.	G0299	G0300	S9474	
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<b>Hysterectomy</b>	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58290	58291	58292	58542
		58543	58544	58550	58552
		58553	58570	58571	58572
		58573			

<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>Amvuttra™</b>			
		J0225			
		<b>Amondys 45</b>			
		J1426			
<b>Aralast NP®</b>					
J0256					
<b>Avsola™</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	Q5121				
	<b>Benlysta</b>				
	J0490				
	<b>Beriner<sup>®</sup></b>				
	J0597				
	<b>Botulinum toxins</b>				
	J0585	J0586	J0587		J0588
	<b>Brineura<sup>™</sup></b>				
	J0567				
	<b>Briumvi<sup>®</sup></b>				
	J2329				
	<b>Cabenuva<sup>™</sup></b>				
	J0741				
	<b>Cerezyme<sup>®</sup></b>				
	J1786				
	<b>Cimzia<sup>®</sup></b>				
	J0717				
	<b>Cinqair<sup>®</sup></b>				
	J2786				
	<b>Cinryze<sup>®</sup></b>				
	J0598				
	<b>Cortrophin<sup>®</sup> Gel</b>				
	J0802				
	<b>Cryvista<sup>®</sup></b>				
	J0584				
	<b>Cutaquig</b>				
	J1551				
	<b>Elaprase<sup>®</sup></b>				
	J1743				
	<b>Elelyso<sup>®</sup></b>				
	J3060				
	<b>Elfabrio<sup>®</sup></b>				
	J2508				
	<b>Elevidys</b>				
	J1413				
	<b>Enjaymo<sup>™</sup></b>				
	J1302				
	<b>Entyvio<sup>®</sup></b>				
	J3380				
	<b>Erythropoiesis Stimulating Agents</b>				
	J0885				
	<b>Evenity<sup>™</sup></b>				



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization		
Injectable medications (cont.)	J3111			
	<b>Evkeeza™</b>			
	J1305			
	<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>				
90283	90284	J1459	J1554	
J1555	J1556	J1557	J1559	
J1561	J1566	J1568	J1569	
J1572	J1575	J1599		
<b>Kalbitor®</b>				
J1290				
<b>Kanuma®</b>				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J2840
		<b>Korsuva®</b>
		J0879
		<b>Krystexxa®</b>
		J2507
		<b>Lamzede®</b>
		J0217
		<b>Lanreotide</b>
		J1932
		<b>Lemtrada®</b>
		J0202
		<b>Leqembi®</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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		<b>Oxlumo™</b> J0224
		<b>Panzyga®</b> J1576
		<b>Parsabiv™</b> J0606
		<b>Prolastin C®</b> J0256
		<b>Prolia® ***</b> J0897
		<b>Qalsody®</b> J1304
		<b>Radicava®</b> J1301
		<b>Reblozyl®</b> J0896
		<b>Releuko®</b> Q5125
		<b>Remicade®</b> J1745
		<b>Renflexis®</b> Q5104
		<b>Revcovi®</b> J3590
		<b>Riabni™</b> Q5123
		<b>Rituxan®</b> J9312
		<b>Rituxan Hycela®</b> J9311
		<b>Roctavian</b> J1412
		<b>Ruconest®</b> J0596
		<b>Ruxience®</b> Q5119
		<b>Ryplazim®</b> J2998
		<b>Rystiggo</b> J9333
		<b>Sandostatin® LAR</b> J2353

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	<b>Saphnelo™</b>				
	J0491				
	<b>Scenesse®</b>				
	J7352				
	<b>Signifor® LAR</b>				
	J2502				
	<b>Simponi Aria®</b>				
	J1602				
	<b>Skyrizi®</b>				
	J2327				
	<b>Sodium Hyaluronate</b>				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	<b>Soliris®</b>				
	J1300				
	<b>Somatuline® Depot*</b>				
	J1930				
	<b>Spinraza™</b>				
	J2326				
	<b>Spravato™</b>				
	S0013				
	<b>Spevigo®</b>				
	J1747				
	<b>Stelara®</b>				
	J3358				
	<b>Sublocade™</b>				
	Q9991	Q9992			
<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>					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		A9513	A9590	A9606	A9607
		A9699			
		<b>Trelstar®</b>			
		J3315			
		<b>Triptodur®</b>			
		J3316			
		<b>Trogarzo™</b>			
		<b>J1746</b>			
		<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			

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

**Zolgensma®**  
J3399

\*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.

\*\* For unclassified and temporary codes C9160, C9162, J3490 and J3590, prior authorization is only required for Adzynma (eff 04/01/24), Daxxify, Izervay, Nulibry™, Purified Cortrophin™ Gel and Veopoz

\*\*\* 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* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

<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	J7330	S2112	
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
<b>Orthotics and prosthetics</b>	Prior authorization is required only for orthotics and prosthetic codes listed with a retail purchase or	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>	cumulative rental cost of more than \$500.	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	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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		L5990	L5999	L6000	L6010
		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		
<b>Outpatient therapies: speech</b>	Prior authorization required	92507			
<b>Pain Injections and Management</b>	Prior authorization required	64490	64493		
<b>Prostate Procedures</b>	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
<b>Private duty nursing</b>	Prior authorization required	S9122	S9123	S9124	
<b>Radiation Therapy</b>	Prior authorization required	<b>IGRT</b> 77014 G6017	77387	G6001	G6002
		<b>IMRT</b> <b>Intensity-Modulated Radiation Therapy</b> 77385	77386	G6015	G6016
		<b>Proton Beam</b>  Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		<b>Special/Associated Services</b>			



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Radiation Therapy (cont.)</b>		77331	77370	77399	77470
		SBRT/SRS			
		77371	77372	77373	
		<b>Standard Radiation Therapy (2D/3D)</b>			
		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
		<b>Y90</b>			
		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			
<b>Radiology</b>	<p>Prior authorization is required for participating physicians who request the following advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<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>Septoplasty and rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – Outpatient hospital</b>	<p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)</p>	<p><b>Auditory System</b></p> <p>69205</p> <p><b>Cardiovascular System</b></p> <p>36590      36832</p> <p><b>Carpal Tunnel Surgery</b></p> <p>64721</p> <p><b>Cataract Surgery</b></p>			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital (cont.)		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>				
		49505	49650	49651	
	<b>Integumentary System</b>				
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125

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.)

**Liver Biopsy**

47000

**Male Genital System**

54840

**Miscellaneous**

20680

**Musculoskeletal System**

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

**Nervous System**

64561 64640

**Ophthalmologic**

65426	65730	65855	66170
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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**Urinary System**

52276	52287	52320	52344
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**Urologic Procedures**

50590	52000	52005	52204
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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Site of service (SOS) – Outpatient hospital (cont.)</b>		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
<b>Sleep studies</b>	Prior authorization required	95805	95807	95808	95810
		95811			
<b>Spinal surgery</b>	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				
<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	E0760
Implantation of a device that sends electrical impulses					
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Stimulators (cont.)</b>		64553	64555	64568	64570
		64590	L8680	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 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.			
		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		
		<b>CAR T-Cell Therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056		
		<b>Gene Therapy</b>			
		C9399***	J3490***	J3590***	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		*** Casgevy (eff 04/01/24), Lantidra (eff 04/01/24), Spevigo™ and Zynteglo® will require prior authorization through Optum Transplant			
<b>Vein procedures</b>	Prior authorization required	36468*	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37765
		37766	37780		
		*Prior authorization not required eff 04/01/24			
<b>Ventricular assist devices (VAD)</b>	Prior authorization required	Please call the notification number on the back of the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at <b>855-282-8929</b>			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Wound vac	Prior authorization required	E2402