

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

Effective Sept. 1, 2023

## 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
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><b>Injectable colony-stimulating factor drugs that require prior authorization:</b></p> <p><b>Filgrastim (Neupogen®)</b>  <b>Eflapegrastim-xnst (Rolvedon®) – Eff 10/1/23</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><u>Erythropoiesis-Stimulating Agents – Eff 10/1/23</u></b>					
J0885					
<b>Cardiology</b>	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms and stress	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> .			
<b>Cardiology (cont.)</b>	echoes prior to performance	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 37226 37230	37221 37227 37231	37224 37228 93580	37225 37229
<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 L8619	69714 L8690	69930 L8691	L8614 L8692
A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech					
<b>Cosmetic and reconstructive</b>	Prior authorization required	11960 14061* 15823 17106 21137 21175 21182 21235 21282	14020* 15820 15830 17107 21138 21179 21183 21256 21295	14021* 15821 15847 17108 21139 21180 21184 21275 21740	14041 15822 15877 17999 21172 21181 21230 21280 21742
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					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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<b>Cosmetic and reconstructive (cont.)</b>		21743	28344	30620	67900
		67901	67902	67903	67904
		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
		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	
<b>Cosmetic and reconstructive (cont.)</b>		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	
		E0194	E0265	E0266	E0270	
		E0277	E0300	E0328	E0329	
		E0445	E0457	E0465	E0466	
		E0470	E0471	E0483	E0486	
		Prosthetics are not DME – See Orthotics and prosthetics.	E0620	E0636	E0637	E0656
			E0669	E0670	E0675	E0693
			E0694	E0700	E0710	E0745
			E0762	E0764	E0766	E0784
			E0787	E0984	E0986	E1002
			E1003	E1004	E1005	E1006
			E1007	E1008	E1009	E1010
			E1030	E1035	E1036	E1130
			E1161	E1220	E1229	E1231
			E1232	E1233	E1234	E1235
	E1236		E1237	E1238	E1239	
	E1399		E1825	E2100	E2227	
	E2228		E2230	E2300	E2301	
	E2310		E2311	E2322	E2325	
	E2327		E2329	E2331	E2351	
	E2373		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		
T1999	T5999	V2786	V5269			
V5270	V5271	V5272	V5274			
V5281	V5282	V5283	V5286			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
		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		
<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	81105	81106	81107	81108	
		81109	81110	81111	81120	
		81121	81161	81162	81163	
		81164	81167	81168	81170	
		81171	81172	81173	81174	
		81175	81176	81177	81178	
		81179	81180	81181	81182	
		81183	81184	81185	81186	
		81187	81188	81189	81190	
		81191	81192	81193	81194	
	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.	81200	81201	81203	81204	
		81205	81208	81209	81216	
		81218	81220	81222	81223	
		81224	81225	81226	81227	
		81228	81229	81230	81231	
		81232	81233	81234	81236	
		81237	81238	81239	81240	
		Notification/Prior 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.	81241	81242	81243	81244
			81245	81246	81247	81248
			81249	81250	81251	81252
81253	81254		81255	81256		
81257	81258		81259	81260		
	81261	81262	81263	81264		
	81265	81266	81267	81268		
	81269	81271	81272	81273		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Genetic and molecular testing to include BRCA gene testing (cont.)</b>		81274	81276	81277	81278
		81279	81283	81284	81285
		81286	81287	81288	81289
		81290	81291	81292	81294
		81295	81297	81298	81300
		81302	81303	81304	81305
		81306	81307	81309	81310
		81312	81313	81314	81315
		81316	81317	81318	81319
		81320	81321	81322	81323
		81324	81325	81326	81327
		81328	81329	81330	81331
		81332	81333	81334	81335
		81336	81337	81338	81339
		81340	81341	81342	81343
		81344	81345	81346	81347
		81348	81350	81351	81352
		81353	81355	81357	81360
		81361	81362	81363	81364
		81370	81371	81372	81373
		81375	81376	81377	81378
		81379	81380	81381	81382
		81383	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	81419	81420
		81430	81431	81432	81433
		81434	81435	81436	81437
		81438	81439	81440	81442
		81443	81445	81448	81460
		81465	81470	81471	81479
		81507	81518	81519	81520
	81521	81546	81554	81595	
	81599			87505	
	87506	87507			
		87623			
				0294U	
		0296U	0297U	0298U	
		0300U	S3870	0299U	
<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	V5190	V5230	V5242
		V5243	V5244	V5245	V5246

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Hearing aid services (cont.)		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
		58275	58290	58291	58292
		58542	58543	58544	58550
		58552	58553	58570	58571
		58572	58573		
Injectable medications	Prior authorization required*	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0800			
		<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>			
		Q5121			
		<b>Benlysta</b>			
J0490					
<b>Beriner®</b>					
J0597					
<b>Botulinum toxins</b>					
J0585	J0586	J0587	J0588		
<b>Brineura™</b>					
J0567					



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization	
Injectable medications (cont.)		<b>Briumvi® - Eff 10/1/23</b>	
		J2329	
			<b>Cabenuva™</b>
			J0741
			<b>Cerezyme®</b>
			J1786
			<b>Cimzia®</b>
			J0717
			<b>Cinqair®</b>
			J2786
			<b>Cinryze®</b>
			J0598
			<b>Cryvista®</b>
			J0584
			<b>Cutaquig</b>
			J1551
			<b>Elaprase®</b>
			J1743
			<b>Elelyso®</b>
			J3060
			<b>Enjaymo™</b>
			J1302
			<b>Entyvio®</b>
			J3380
			<b>Erythropoiesis Stimulating Agents</b>
			J0885
			<b>Evenity™</b>
			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	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization		
Injectable medications (cont.)	<b>Fynetra®</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>			
	J2840			
	<b>Korsuva®</b>			
J0879				
<b>Krystexxa®</b>				
J2507				
<b>Lanreotide</b>				
J1932				
<b>Lemtrada®</b>				
J0202				
<b>Leqembi®</b>				
J0174				
<b>Lumizyme®</b>				
J0221				
<b>Lupron Depot®</b>				
J1950				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		<b>Lupron Depot, Eligard®</b>
		J9217
		<b>Luxturna™</b>
		J3398
		<b>Mepsevii®</b>
		J3397
		<b>Monoferric®</b>
		J1437
		<b>Naglazyme®</b>
		J1458
		<b>Nexviazyme®</b>
		J0219
		<b>Nplate®</b>
		J2796
		<b>Nucala®</b>
		J2182
		<b>Ocrevus™</b>
		J2350
		<b>Octreotide Acetate</b>
		J2354
		<b>Onpattro™</b>
		J0222
		<b>Orencia®</b>
		J0129
		<b>Oxlumo™</b>
		J0224
		<b>Panzyga®</b>
		J1576
	<b>Parsabiv™</b>	
	J0606	
	<b>Probuphine®</b>	
	J0570	
	<b>Prolastin C®</b>	
	J0256	
	<b>Prolia® ***</b>	
	J0897	
	<b>Radicava®</b>	
	J1301	
	<b>Reblozyl®</b>	
	J0896	
	<b>Releuko®</b>	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		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>Ruconest®</b>			
		J0596			
		<b>Ruxience®</b>			
		Q5119			
		<b>Ryplazim®</b>			
		J2998			
		<b>Sandostatin® LAR</b>			
		J2353			
		<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>				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
Injectable medications (cont.)	S0013					
	<b>Spevigo®</b>					
	J1747					
	<b>Stelara®</b>					
	J3358					
	<b>Sublocade™</b>					
	Q9991	Q9992				
	<b>Sunlenca</b>					
	J1961					
	<b>Supprelin® LA</b>					
	J9226					
	<b>Synagis®</b>					
	90378					
	<b>Tepezza®</b>					
	J3241					
	<b>Tezspire™</b>					
	J2356					
	<b>Therapeutic radiopharmaceuticals</b>					
	A9513	A9590	A9606	A9607		
	A9699					
	<b>Trelstar®</b>					
	J3315					
	<b>Triptodur®</b>					
	J3316					
	<b>Trogarzo™</b>					
	J1746					
	<b>Truxima®</b>					
	Q5115					
	<b>Tzield™</b>					
	J9381					
	<b>Ultomiris™</b>					
	J1303					
<b>Unclassified and temporary codes**</b>						
C9159	C9399	J3490	J3590			
<b>Uplizna®</b>						
J1823						
<b>Viltepso™</b>						
J1427						
<b>Vimizim®</b>						
J1322						
<b>Vyepti™</b>						

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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Injectable medications (cont.)		J3032
		<b>Vyondys 53®</b>
		J1429
		<b>Xembify®</b>
		J1558
		<b>Xenpozyme™</b>
		J0218
		<b>Xolair®</b>
		J2357
		<b>Zoladex®</b>
	J9202	
	<b>Zolgensma®</b>	
	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>** For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Lamzede® (Eff 10/1/23), Nulibry™, Purified Cortrophin™ Gel and Syfovre™</p>	
	<p>*** For code J0897, prior authorization is required for non oncology diagnosis.</p>	
	<p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Predetermination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <b>UHCprovider.com</b> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p>	

<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Orthognathic surgery (cont.)</b>		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 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	L3671	L3674
		L3720	L3730	L3740	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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		L5649	L5651	L5653	L5661
		L5673	L5682	L5683	L5700
		L5702	L5703	L5705	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	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	64491	64492	64493



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Pain Injections and Management (cont.)</b>		64494	64495		
<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	<p><b>IGRT</b></p> <p>77014                      77387                      G6001                      G6002</p> <p>G6017</p> <p><b>IMRT</b> <b>Intensity-Modulated Radiation Therapy</b></p> <p>77385                      77386                      G6015                      G6016</p> <p><b>Proton Beam</b></p> <p>Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)</p> <p>77520                      77522                      77523                      77525</p> <p><b>Special/Associated Services</b></p> <p>77331                      77370                      77399                      77470</p> <p>SBRT/SRS</p> <p>77371                      77372                      77373</p> <p><b>Standard Radiation Therapy (2D/3D)</b></p> <p>Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92</p> <p>77401                      77402                      77407                      77412</p> <p>G6003                      G6004                      G6005                      G6006</p> <p>G6007                      G6008                      G6009                      G6010</p> <p>G6011                      G6012                      G6013                      G6014</p> <p><b>Y90</b></p> <p>Implantable Beta-Emitting Microspheres for treatment of malignant tumors</p> <p>79445</p> <p>To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the "Radiology, Cardiology, Oncology, and Radiation Therapy" box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests</p>			
<b>Radiology</b>	<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</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 tile on your Provider Portal dashboard. Or call <b>866-889-8054</b>.</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
	and nuclear cardiology procedures	For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/MScommunityplan">UHCprovider.com/MScommunityplan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.			
<b>Septoplasty and rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – Outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting  Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<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> <p>66821      66982      66984</p> <p><b>Colonoscopy</b></p> <p>45378      45380      45384      45385</p> <p><b>Cosmetic &amp; Reconstructive</b></p> <p>13101      13132      14040      14060</p> <p>14301      21552      21931</p> <p><b>Digestive System</b></p> <p>42415      42440      43200      43236</p> <p>43237      43238      43242      43245</p> <p>43246      43247      43248      43251</p> <p>43254      43255      43259      44360</p> <p>44361      45171      45334      45335</p> <p>45381      45390      45990      46020</p> <p>46040      46050      46200      46220</p> <p>46221      46250      46255      46261</p> <p>46270      46275      46288      46505</p> <p>46750      46910      46946</p> <p><b>ENT Procedures</b></p> <p>21320      30140      30520      69436</p> <p>69631</p> <p><b>Eye and Ocular Adnexa</b></p> <p>65710      65820      66250      66710</p> <p>66711      66825      66986      66987</p> <p>66988      67010      67041      67042</p> <p>67105      67108      67113      67840</p> <p>68110      68115      68320      68720</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital (cont.)	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	
	Liver Biopsy				
	47000				
	<b>Male Genital System</b>				
	54840				
	<b>Miscellaneous</b>				
	20680				
	<b>Musculoskeletal System</b>				
	20552	20553	21012	21013	
	21336	21554	21555	21556	
	21930	22514	22902	22903	
	23071	23075	24071	27327	
	27337	27632	28035	28039	
	28041	28060	28080	28090	
	28104	28110	28118	28119	
	28124	28285	28289	28292	
	28296	28297	28298	28299	
	29806	29807	29819	29822	
	29823	29824	29825	29826	
	29827	29828	29835	29840	
	29845	29846	29848	29861	
	29875	29876	29877	29879	
	29880	29881	29882	29888	
	29893	G0260			
	<b>Nervous System</b>				
	64561	64640			
	<b>Ophthalmologic</b>				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Site of service (SOS) – Outpatient hospital (cont.)</b>		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Respiratory System</b>			
		30802	30930	31525	31535
		31536	31541	31624	
		<b>Tonsillectomy &amp; Adenoidectomy</b>			
		42820	42821	42825	42826
		42830			
		<b>Upper Gastrointestinal Endoscopy</b>			
		43235	43239	43249	
		<b>Urinary System</b>			
		52276	52287	52320	52344
		<b>Urologic Procedures</b>			
		50590	52000	52005	52204
	52224	52234	52235	52260	
	52281	52310	52332	52351	
	52352	52353	52356	54161	
	55040	55700	57288		
<b>Sleep apnea procedures and surgeries</b>	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 95811	95807	95808	95810
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	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
		22864	22865	22899	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63040	63042	63045

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Spinal surgery (cont.)		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> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		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>				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Transplants (cont.)</b>		C9399***	J3490***	J3590***	
		*Code 38232 will only require prior authorization for an oncology diagnosis. *** Spevigo™ and Zynteglo® will require prior authorization through Optum Transplant			
<b>Vein procedures</b>	Prior authorization required				
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36468	36473	36475	36478
		37700	37718	37722	37765
		37766	37780		
<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
<b>Wound vac</b>	Prior authorization required	E2402			