

Prior authorization requirements for Mississippi –Mississippi Coordinated Access Network

(MississippiCAN)

Effective May 1, 2024

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Mississippi Coordinated Access Network for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://uhcprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard.
- **Phone: 877-842-3210**
- **Fax: 888-310-6858**

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

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

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

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

Cardiology

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

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call **866-889-8054**.

For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MScommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.

Cardiovascular

Prior authorization required

37220*	37221*	37224*	37225*
37226*	37227*	37228*	37229*
37230*	37231*	93580	

*Prior authorization not required for the following diagnosis

E08.52	E09.52	E10.52	E11.52
E13.52	I70.221	I70.222	I70.223
I70.228	I70.229	I70.231	I70.232
I70.233	I70.234	I70.235	I70.238
I70.239	I70.241	I70.242	I70.243
I70.244	I70.245	I70.248	I70.249
I70.25	I70.261	I70.262	I70.263
I70.268	I70.269	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349
I70.35	I70.361	I70.362	I70.363
I70.369	I70.421	I70.422	I70.423
I70.428	I70.429	I70.431	I70.432
I70.433	I70.434	I70.435	I70.438
I70.439	I70.441	I70.442	I70.443
I70.444	I70.445	I70.448	I70.449
I70.461	I70.462	I70.463	I70.468
I70.469	I70.521	I70.522	I70.523
I70.528	I70.529	I70.531	I70.532
I70.533	I70.534	I70.535	I70.538
I70.539	I70.541	I70.542	I70.543
I70.544	I70.545	I70.548	I70.549
I70.561	I70.562	I70.563	I70.568
I70.569	I70.621	I70.622	I70.623
I70.628	I70.629	I70.631	I70.632
I70.633	I70.634	I70.635	I70.638
I70.639	I70.641	I70.642	I70.643



Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Cardiovascular (cont.)		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
Chemotherapy	Prior authorization required for injectable chemotherapy	Injectable chemotherapy drugs that require prior authorization:			

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

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	17106	
		17107	17108	17999	21137	
		21138	21139	21172	21175	
		21179	21180	21181	21182	
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21183	21184	21230	21235
			21256	21275	21280	21282
			21295	21740	21742	21743
			28344	30620	67900	67901
			67902	67903	67904	67906
			67908	67909	67911	67912
			67914	67915	67916	67917
			67921	67922	67923	67924
		67950	67961	67966		

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

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|----------|----------|----------|----------|
| C43.0 | C43.10 | C43.111 | C43.112 |
| C43.121 | C43.122 | C43.20 | C43.21 |
| C43.22 | C43.30 | C43.31 | C43.39 |
| C43.4 | C43.51 | C43.52 | C43.59 |
| C43.60 | C43.61 | C43.62 | C43.70 |
| C43.71 | C43.72 | C43.8 | C43.9 |
| C44.01 | C44.02 | C44.09 | C44.101 |
| C44.1021 | C44.1022 | C44.1091 | C44.1092 |
| C44.111 | C44.1121 | C44.1122 | C44.1191 |



Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
Durable medical equipment (DME)	Prior authorization required only for DME codes listed with a billed amount or cumulative rental cost of more than \$500 – outpatient only Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	A6549	A9280	A9900	B4152
		B4161	E0194	E0265	E0266
		E0270	E0277	E0300	E0328
		E0329	E0445	E0457	E0465
		E0466	E0470	E0471	E0483
		E0486	E0620	E0621	E0636
		E0637	E0652	E0656	E0669
E0670	E0675	E0693	E0694		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E0700	E0710	E0745	E0762
		E0764	E0784	E0787	E0953
		E0954	E0955	E0956	E0957
		E0960	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1028	E1030	E1035	E1036
		E1130	E1161	E1220	E1229
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1239	E1399	E1825	E2100
		E2201	E2203	E2204	E2206
		E2209	E2211	E2213	E2219
		E2227	E2228	E2230	E2231
		E2300	E2301	E2310	E2311
		E2313	E2322	E2323	E2325
		E2327	E2329	E2331	E2351
		E2373	E2374	E2377	E2386
		E2510	E2511	E2512	E2599
		E2626	E2627	E2628	E2629
		E2630	E8000	E8001	E8002
		K0005	K0008	K0013	K0108
		K0812	K0825	K0830	K0831
		K0848	K0849	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0857	K0858	K0859
		K0860	K0861	K0862	K0863
		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
	K0890	K0891	S1040	T5999	
	V5281	V5282	V5283	V5286	
	V5287	V5288	V5290		
Elective/planned inpatient admissions	Prior authorization required at least 5 business days prior to non-urgent and/or outpatient services				
Emergent/urgent inpatient admissions	Prior authorization not required for urgent or emergent inpatient admissions – however, notification of admissions required within 24 hours				
Enteral and parenteral services In-home nutritional therapy,	Prior authorization required Some enteral and parenteral	B4034 B9998	B4035 B9999	B4036	B9002

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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.

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

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

Injectable medications	Prior authorization required*	Actemra®			
		J3262			
		Acthar®			
		J0801			
		Adakveo®			
		J0791			
		Aduhelm®			
		J0172			
		Aldurazyme®			
		J1931			
		Amondys 45			
		J1426			
		Amvuttra™			
		J0225			
		Aralast NP®			
		J0256			
		Avsola™			
		Q5121			
		Benlysta			
J0490					
Berinert®					
J0597					
Botulinum toxins					
J0585	J0586	J0587	J0588		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		Brineura™ J0567 Briumvi® J2329 Cerezyme® J1786 Cimzia® J0717 Cinqair® J2786 Cinryze® J0598 Cortrophin® Gel J0802 Crysvita® J0584 Cutaquig® J1551 Daxxify J0589 Elaprase® J1743 Elelyso® J3060 Elevidys J1413 Elfabrio® J2508 Enjymo™ J1302 Entyvio® J3380 Evenity™ J3111 Evkeeza™ J1305 Exondys 51™ J1428 Eylea HD J0177 Fabrazyme®

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)	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				
	J1459	J1554	J1555	J1556	J1556
	J1557	J1559	J1561	J1566	J1566
	J1568	J1569	J1572	J1575	J1575
	J1599				
	Izervay				
	J2782				
	Kalbitor®				
	J1290				
	Kanuma®				
	J2840				
Korsuva®					
J0879					
Krystexxa®					

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		J2507
	Lamzede®	
		J0217
	Lanreotide	
		J1932
	Lemtrada®	
		J0202
	Leqembi®	
		J0174
	Lumizyme®	
		J0221
	Lupron Depot®	
		J1950
	Lupron Depot, Eligard®	
		J9217
	Luxturna™	
		J3398
	Mepsevii®	
		J3397
	Monoferric®	
		J1437
	Naglazyme®	
		J1458
	Nexviazyme®	
		J0219
	Nplate®	
		J2796
	Nucala®	
		J2182
	Ocrevus™	
		J2350
	Octreotide Acetate	
		J2354
	Onpattro™	
		J0222
	Orencia®	
		J0129
	Oxlumo™	
		J0224
	Panzyga®	
		J1576

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		Parsabiv™ J0606 Pombiliti J1203 Prolastin C® J0256 Prolia®*** J0897 Qalsody™ J1304 Radicava® J1301 Reblozyl® J0896 Releuko® Q5125 Remicade® J1745 Renflexis® Q5104 Revcovi® J3590 Riabni™ Q5123 Rituxan® J9312 Rituxan Hycela® J9311 Roctavian J1412 Ruconest® J0596 Ruxience® Q5119 Ryplazim J2998 Rystiggo J9333 Sandostatin® LAR J2353 Saphnelo™

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)	J0491				
	Scenesse®				
	J7352				
	Signifor® LAR				
	J2502				
	Simponi Aria®				
	J1602				
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Soliris®				
	J1300				
	Somatuline® Depot				
	J1930				
	Spevigo®				
	J1747				
	Spinraza™				
	J2326				
	Stelara®				
	J3358				
	Skyrizi®				
	J2327				
	Supprelin® LA				
	J9226				
	Syfovre®				
	J2781				
	Synagis®				
	90378				
	Tepezza®				
	J3241				
	Tezspire™				
	J2356				
Therapeutic radiopharmaceuticals					
A9513	A9590	A9606	A9607		
A9699					
Trelstar®					
J3315					
Triptodur®					
J3316					
Truxima®					

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization		
Injectable medications (cont.)	Q5115			
	Tzield™			
	J9381			
	Ultomiris™			
	J1303			
	Unclassified and temporary codes**			
	C9159		C9160	C9162
	J3590		C9167	J3490
	Uplizna®			
	J1823			
	Veopoz			
	J9376			
	Viltepso™			
	J1427			
	Vimizim®			
	J1322			
	Vyepti™			
	J3032			
	Vyjuvek™			
	J3401			
	Vyondys 53®			
	J1429			
	Vyvgart Hytrulo			
	J9334			
	Xembify®			
	J1558			
	Xenpozyme™			
	J0218			
Xolair®				
J2357				
Zemaira®				
J0256				
Zoladex®				
J9202				
Zolgensma®				
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.

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		<p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>** For Unclassified and temporary codes C9167, C9168, J3490 and J3590, prior authorization is only required for Adzynma, , , Nulibry™ ,Purified Cortrophin™ Gel, and Omvoh IV</p> <p>*** Prior authorization required for J0897 for non oncology diagnosis</p>			
Joint replacement	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868			
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		21142	21143	21145	21146
		21147	21150	21151	21154
		21155	21159	21160	21188
		21193	21194	21195	21196
		21198	21199	21206	21208
		21209	21210	21215	21240
		21242	21244	21245	21246
		21247	21248	21249	21255
		21296	21299		
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed, with a retail purchase or cumulative rental cost of 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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)	L1860	L1945	L1950	L1970	
	L2000	L2005	L2010	L2020	
	L2030	L2034	L2036	L2037	
	L2038	L2060	L2106	L2108	
	L2126	L2136	L2350	L2510	
	L2526	L2627	L2628	L3230	
	L3265	L3649	L3660	L3670	
	L3671	L3674	L3720	L3730	
	L3740	L3761	L3763	L3764	
	L3900	L3901	L3904	L3905	
	L3961	L3971	L3975	L3976	
	L3977	L3999	L4000	L4010	
	L4020	L4631	L5010	L5020	
	L5050	L5060	L5100	L5105	
	L5150	L5160	L5200	L5210	
	L5220	L5230	L5250	L5270	
	L5280	L5301	L5312	L5321	
	L5331	L5341	L5400	L5420	
	L5460	L5500	L5505	L5510	
	L5520	L5530	L5535	L5540	
	L5560	L5570	L5580	L5585	
	L5590	L5595	L5600	L5610	
	L5613	L5614	L5616	L5639	
	L5640	L5642	L5643	L5644	
	L5646	L5647	L5648	L5649	
	L5651	L5653	L5661	L5673	
	L5682	L5683	L5700	L5702	
	L5703	L5705	L5706	L5716	
	L5718	L5722	L5724	L5726	
	L5728	L5780	L5790	L5795	
	L5811	L5812	L5814	L5816	
	L5818	L5822	L5824	L5826	
	L5828	L5830	L5845	L5848	
	L5857	L5858	L5930	L5950	
	L5960	L5961	L5962	L5964	
	L5966	L5968	L5973	L5976	
	L5979	L5980	L5981	L5982	
	L5984	L5986	L5987	L5988	
	L5990	L5999	L6000	L6010	
	L6020	L6050	L6055	L6100	
	L6110	L6120	L6130	L6200	
	L6205	L6250	L6300	L6310	
	L6320	L6350	L6360	L6370	
	L6380	L6382	L6384	L6400	
	L6450	L6500	L6550	L6570	
	L6580	L6582	L6584	L6586	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L6588	L6590	L6621	L6623
		L6624	L6646	L6648	L6686
		L6687	L6689	L6690	L6692
		L6693	L6694	L6695	L6696
		L6697	L6704	L6707	L6708
		L6709	L6711	L6712	L6713
		L6714	L6715	L6880	L6881
		L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910
		L6915	L6920	L6925	L6930
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
		L7181	L7185	L7186	L7190
		L7191	L7405	L8040	L8042
		L8043	L8044	L8045	L8046
	L8047	L8499	L8609	L8610	
	L8612	L8631	L8659		
Out-of-network services A referral to a health care provider not contracted with UnitedHealthcare	All out-of-network services require prior authorization				
Outpatient therapies: speech	Prior authorization required	92507			
Pain injections and management	Prior authorization required	64490	64493		
Prescribed pediatric extended care (PPEC)	Prior authorization required	T2002	T1025	T1026	
Private duty nursing	Prior authorization required when submitting, please use the HCFA1500 form to avoid claim reprocessing.	S9122	S9123	S9124	
Prostate procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
Radiation therapy	Prior authorization required	IGRT 77014 G6017 IMRT Intensity-Modulated Radiation Therapy 77385	77387 77386	G6001 G6015	G6002 G6016
		Proton Beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Special/Associated Services			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Radiation therapy (cont.)		77331	77370	77399	77470
		SBRT/SRS			
		77371	77372	77373	
		Standard Radiation Therapy (2D/3D)			
		Prior Auth required only when obtained with diagnosis codes in the following ranges:			
		C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92			
		77401	77402	77407	77412
		G6003	G6004	G6005	G6006
		G6007	G6008	G6009	G6010
		G6011	G6012	G6013	G6014
		Y90			
		Implantable Beta-Emitting Microspheres for treatment of malignant tumors			
		79445			
		To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the "Radiology, Cardiology, Oncology, and Radiation Therapy" box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests			
Radiology	Prior authorization required	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MSccommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.			
Rhinoplasty Treating 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
Site of service (SOS) – Outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory System			
		69205			
		Cardiovascular System			
		36590	36832		
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Carpal Tunnel Surgery			
		64721			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization		
Site of service (SOS) – Outpatient hospital (cont.)	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
	Integumentary System			
		10121	11440	11450 11624
		11770	13121	15100 15120

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital (cont.)		15240	19020	19120	19125
	Liver Biopsy	47000			
	Male Genital System				
	54840				
	Miscellaneous				
	20680				
	Musculoskeletal System				
	20552	20553	21012	21013	
	21336	21554	21555	21556	
	21930	22514	22902	22903	
	23071	23075	24071	27327	
	27337	27632	28035	28039	
	28041	28060	28080	28090	
	28104	28110	28118	28119	
	28124	28285	28289	28292	
	28296	28297	28298	28299	
	29806	29807	29819	29822	
	29823	29824	29825	29826	
	29827	29828	29835	29840	
	29845	29846	29848	29861	
	29875	29876	29877	29879	
	29880	29881	29882	29888	
	29893				
	Nervous System				
	64561	64640			
	Ophthalmologic				
	65426	65730	65855	66170	
	66761	67028	67036	67040	
	67228	67311	67312		
	Respiratory System				
	30802	30930	31525	31535	
	31536	31541	31624		
	Tonsillectomy & Adenoidectomy				
	42820	42821	42825	42826	
	42830				
	Upper Gastrointestinal Endoscopy				
	43235	43239	43249		
	Urinary System				
	52276	52287	52320	52344	
	Urologic Procedures				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Site of service (SOS) – Outpatient hospital (cont.)		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Sleep studies	Prior authorization required	95805 95811	95807	95808	95810
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514*	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308			
		*SOS also applies			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization					
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator					
		E0747	E0748	E0749	E0760		
		Neurostimulator					
		61863	61864	61867	61868		
		61885	61886	63650	63655		
		63685	64553	64555	64568		
		64570	L8682	L8685	L8686		
		L8687	L8688				
		Transplants	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card			
				32851	32852	32853	32854
33935	33945			38240	38241		
44135	44136			44137	47135		
50300	50320			50340	50360		
50365	50370			50547			
CAR T-Cell therapy							
0537T	0538T			0539T	0540T		
J9999*	Q2041			Q2042	Q2053		
Q2054	Q2055			Q2056			
Gene Therapy							
C9399**	J3490**			J3590**			
*For unclassified codes J3490, J3590 and J9999 prior authorization is only required for Abecma®, Casgevy, Lantidra, Lyfgenia, Skysona™ and Zynteglo® will require PA through Optum Transplant							
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required			36473	36475	36478	37700
				37718	37722	37765	37766
		37780					
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .					
		33927	33928	33929	33975		
		33976	33979	33981	33982		
		33983					
Wound vac	Prior authorization required	E2402					