

Prior Authorization Requirements for Mississippi –Mississippi Coordinated Access Network

(MississippiCAN)

Effective Mar. 1, 2023

General Information

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

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard.
- **Phone:** 866-604-3267
- **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/or How to Obtain Prior Authorization			
Behavioral health services	<p>Prior authorization required</p> <p>Our benefit plans provide coverage for behavioral health services through Optum Behavioral Health network.</p> <p>For more information, go to providerexpress.com> Guidelines/Policies & Manuals > State-Specific Manuals and Addendums > MS CAN Manual</p>	<p>For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.</p> <ul style="list-style-type: none"> • For ABA Therapy, submit via fax or Provider Express 			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	11971 19340 19361 19369 L8600	19318 19342 19364 19370	19328 19350 19367 19371	19330 19357 19368 19380
Cancer supportive care	Prior authorization required	<p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Filgrastim (Neupogen®) J1442</p> <p>Filgrastim-aafi (Nivestym™)</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer supportive care (continued)		<p>Q5110 Filgrastim-ayow (Releuko®) Q5125 Filgrastim-sndz (Zarxio®) Q5101 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> Akynzeo® (palonosetron/fosnetupitant) J1454 Cinvanti™ (aprepitant) J0185 Emend® (fosaprepitant) J1453 Sustol® (granisetron extended release) J1627 <u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Xgeva®) J0897 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>
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance

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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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 drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis

Injectable chemotherapy drugs that require prior authorization:

- 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

For prior authorization, please submit requests online by using

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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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.

Circumcision	Prior authorization required	54161			
Cochlear implants and other auditory implants A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69714	69930	L8614	L8619
		L8690	L8691	L8692	
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	14020	14021	14041
		14061	15820	15821	15822
		15823	15830	15847	17106
		17107	17108	17999	21137
		21138	21139	21172	21175
		21179	21180	21181	21182
		21183	21184	21230	21235
		21256	21275	21280	21282
		21295	21740	21742	21743
		28344	30620	67900	67901
		67902	67903	67904	67906
		67908	67909	67911	67912
		67914	67915	67916	67917
		67921	67922	67923	67924
67950	67961	67966			
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> .	A9280	A9900	E0194	E0265
		E0266	E0270	E0277	E0300
		E0328	E0329	E0445	E0457
		E0460	E0465	E0466	E0470
		E0471	E0483	E0486	E0620
		E0636	E0637	E0652	E0656
		E0669	E0670	E0675	E0693
		E0694	E0700	E0710	E0745
		E0762	E0764	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	E1825		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		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
		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	Prior authorization required	B4034	B4035	B4036	B9002
In-home nutritional therapy, either enteral or through a gastrostomy tube	Some enteral and parenteral 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).	B9998	B9999		
Expanded early and periodic screening, diagnostic and treatment (EPSDT)	Prior authorization required for non-covered codes for members younger than age 21				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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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.

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	
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Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	

Genetic and molecular testing to include BRCA gene testing	Prior authorization is required for genetic and molecular testing performed in an outpatient setting. 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. 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.	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
		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
		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		
81274	81276	81277	81278		
81279	81283	81284	81285		
81286	81287	81288	81289		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA gene testing (continued)		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	87481	87482	87505	
	87506	87507	87510	87511	
	87512	87623	87797	87798	
	87799	87800	87801	S3870	
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
		58275	58290	58291	58292
		58542	58543	58544	58550

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Hysterectomy (continued)		58552	58553	58570	58571
		58572	58573		
Injectable medications	Prior authorization required*	Actemra®			
		J3262			
		Acthar®			
		J0800			
		Adakveo®			
		J0791			
		Aldurazyme®			
		J1931			
		Amondys 45			
		J1426			
		Amvuttra™			
		J0225			
		Aralast NP®			
		J0256			
		Avsola™			
		Q5121			
		Benlysta			
		J0490			
		Beriner®			
		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
		J0567			
		Cabenuva™			
		J0741			
		Cerezyme®			
		J1786			
		Cimzia®			
		J0717			
		Cinqair®			
		J2786			
		Cinryze®			
		J0598			
		Crysvita®			
		J0584			
		Cutaquig®			
		J1551			
		Elaprase®			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)	J1743			
	ElELYso®			
	J3060			
	Enjaymo™			
	J1302			
	Entyvio®			
	J3380			
	Erythropoiesis Stimulating Agents			
	J0885			
	Evenity™			
	J3111			
	Evkeeza™			
	J1305			
	Exondys 51™			
	J1428			
	Fabrazyme®			
	J0180			
	Fasentra™			
	J0517			
	Feraheme®			
	Q0138			
	Fensolvi®			
	J1951			
	Firmagon®			
	J9155			
	Gamifant®			
	J9210			
	Givlaari®			
	J0223			
	Glassia®			
	J0257			
	Ilaris®			
	J0638			
	Ilumya™			
	J3245			
	Inflectra®			
	Q5103			
	Injectafer®			
	J1439			
	IVIG			
	J1459	J1554	J1555	J1556

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J1557	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1599			
		Kalbitor®			
		J1290			
		Kanuma®			
		J2840			
		Korsuva®			
		J0879			
		Krystexxa®			
		J2507			
		Lanreotide – Eff 4/1/23			
		J1932			
		Lemtrada®			
		J0202			
		Lumizyme®			
		J0221			
		Lupron Depot®			
		J1950			
		Lupron Depot, Eligard®			
		J9217			
		Luxturna™			
		J3398			
		Mepsevii®			
		J3397			
		Monoferric®			
		J1437			
		Naglazyme®			
		J1458			
		Nexvazyme®			
		J0219			
		Nplate®			
	J2796				
	Nucala®				
	J2182				
	Ocrevus™				
	J2350				
	Octreotide Acetate				
	J2354				
	Onpattro™				
	J0222				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)		Orencia®	
		J0129	
			Oxlumo™
			J0224
			Parsabiv™
			J0606
			Probuphine®
			J0570
			Prolastin C®
			J0256
			Prolia®***
			J0897
			Radicava®
			J1301
			Reblozyl®
			J0896
			Releuko®
			Q5125
			Remicade®
			J1745
			Renflexis®
			Q5104
			Revcovi®
			J3590
			Riabni™
			Q5123
			Rituxan®
			J9312
		Rituxan Hycela®	
		J9311	
		Ruconest®	
		J0596	
		Ruxience®	
		Q5119	
		Ryplazim	
		J2998	
		Sandostatin® LAR	
		J2353	
		Saphnelo™	
		J0491	
		Scenesse®	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J7352	Signifor® LAR			
	J2502	Simponi Aria®			
	J1602	Sodium Hyaluronate			
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Soliris®	J1300			
	Somatuline® Depot	J1930			
	Spinraza™	J2326			
	Spravato™	S0013			
	Stelara®	J3358			
	Skyrizi®	J2327			
	Sublocade™	Q9991	Q9992		
	Supprelin® LA	J9226			
	Synagis®	90378			
	Tepezza®	J3241			
	Tezspire™	J2356			
	Therapeutic radiopharmaceuticals				
	A9513	A9590	A9606	A9607	
	A9699	Trelstar®			
	J3315	Triptodur®			
	J3316	Trogarzo™			
	J1746	Truxima®			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)		Q5115		
		Ultomiris™		
		J1303		
		Unclassified and temporary codes**		
		C9399	J3490	J3590
		Uplizna®		
		J1823		
		Viltepso™		
		J1427		
		Vimizim®		
		J1322		
		Vyepti™		
		J3032		
		Vyondys 53®		
		J1429		
	Xembify®			
	J1558			
	Xolair®			
	J2357			
	Zoladex®			
	J9202			
	Zolgensma®			
	J3399			
	<p>*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129.</p> <p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>** For Unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Fylnetra®, Nulibry™, Purified Cortrophin™ Gel, Spevigo™ and Xenpozyme™</p> <p>*** Prior authorization required for J0897 for non oncology diagnosis</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868			
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		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
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	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	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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	52441	52442	53850
		53852	55866	55873	55874
Radiation Therapy	Prior authorization required	IGRT			
		77014	77387	G6001	G6002
		G6017			
		IMRT			
		Intensity-Modulated Radiation Therapy			
		77385	77386	G6015	G6016
		Proton Beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Special/Associated Services			
77331	77370	77399	77470		
SBRT/SRS					
77371	77372	77373			
Standard Radiation Therapy (2D/3D)					
Prior Auth required only when obtained with diagnosis codes in the following ranges:					
C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92					
77401	77402	77407	77412		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiation Therapy (continued)		G6003	G6004	G6005	G6006
		G6007	G6008	G6009	G6010
		G6011	G6012	G6013	G6014
		Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors 79445 To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the "Radiology, Cardiology, Oncology, and Radiation Therapy" box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests			
Radiology	Prior authorization required	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MScommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.			
Rhinoplasty 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 Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Auditory System 69205 Cardiovascular System 36590 36832 Carpal Tunnel Surgery 64721 Cataract Surgery 66821 66982 66984 Colonoscopy 45378 45380 45384 45385 Cosmetic & Reconstructive 13101 13132 14040 14060 14301 21552 21931 Digestive System			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (continued)		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	49585	49587	49650	
	49651	49652	49653	49654	
	49655				
	Integumentary System				
	10121	11440	11450	11624	
	11770	13121	15100	15120	
	15240	19020	19120	19125	
	Liver Biopsy				
	47000				
	Male Genital System				
	54840				
	Miscellaneous				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Site of service (SOS) – Outpatient hospital (continued)	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			
	50590	52000	52005	52204
	52224	52234	52235	52260
	52281	52310	52332	52351
	52352	52353	52356	54161
	55040	55700	57288	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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 22112 22210 22224 22513 22533 22556 22595 22630 22804 22818 22850 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22101 22114 22212 22510 22514* 22548 22558 22600 22633 22808 22819 22852 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305 0164T	22102 22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22855 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306	22110 22207 22220 22512 22532 22554 22590 22612 22802 22812 22849 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator E0747	E0748	E0749	E0760
		Neurostimulator 61863 61885 63685 64570 L8687	61864 61886 64553 L8682 L8688	61867 63650 64555 L8685	61868 63655 64568 L8686

*SOS also applies

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maraluecel), 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®			
		**Skysona™ and Zynteglo® will require PA through Optum Transplant			
Vein procedures	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37765	37766
		37780			
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			
Wound vac	Prior authorization required	E2402			