

Prior Authorization Requirements for Missouri

Effective July 1, 2020

General Information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan in Missouri care providers for inpatient and outpatient services. To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.
- **Phone:** Call **866-815-5334**.
- To request prior authorization for Pediatric Care Network (PCN), call **877-347-9367**.

Physicians, health care professionals and ancillary care providers are responsible for obtaining prior authorization for services included on this list. **Hospitals and facilities** are responsible for providing admission notification. For admission notification requirements, please see the Missouri Provider Manual at UHCprovider.com/MOcommunityplan > Provider Administrative Manual and Guides > Missouri.

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 | | | |
|---|---|--|---|-------|-------|
| Abortion | Carved out to state | | | | |
| Bariatric surgery | Prior authorization required | 43644 | 43645 | 43659 | 43770 |
| Bariatric surgery and specific obesity-related services | | 43775 | 43842 | 43845 | 43846 |
| | | 43847 | 43848 | 43860 | |
| Behavioral health services | Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. | | 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. | | |
| Bone growth stimulator | Prior authorization required | | 20979 | | |
| Electronic stimulation or ultrasound to heal fractures | | | | | |
| Breast reconstruction (non-mastectomy) | Prior authorization required | 19316 | 19318 | 19324 | 19325 |
| | | 19328 | 19330 | 19340 | 19342 |
| Reconstruction of the breast except when following mastectomy | | 19350 | 19357 | 19361 | 19364 |
| | | 19366 | 19367 | 19368 | 19369 |
| | | 19370 | 19371 | 19380 | |

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

| | | |
|-------------------|--|--|
| Cardiology | <p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p> | <p>For prior authorization, submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MOcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.</p> |
|-------------------|--|--|

| | | | | | |
|-----------------------|--|--|---------|---------|---------|
| Cardiovascular | Prior authorization required for lower extremities angiogram | 75710* | 75716* | | |
| | | *Prior authorization required for the following diagnosis codes: | | | |
| | | E08.51 | E08.52 | E08.59 | E08.621 |
| | | E09.51 | E09.52 | E09.59 | E09.621 |
| | | E10.51 | E10.52 | E10.59 | E10.621 |
| | | E11.51 | E11.52 | E11.59 | E11.621 |
| | | E13.51 | E13.52 | E13.59 | E13.621 |
| | | I70.201 | I70.202 | I70.203 | I70.208 |
| | | I70.209 | I70.211 | I70.212 | I70.213 |
| | | I70.218 | I70.219 | 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 | I70.291 |
| | | I70.292 | I70.293 | I70.298 | I70.299 |
| | | I70.301 | I70.302 | I70.303 | I70.308 |
| | | I70.309 | I70.311 | I70.312 | I70.313 |
| | | I70.318 | I70.319 | 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 | I70.391 | I70.392 | I70.393 |
| | | I70.399 | I70.401 | I70.402 | I70.403 |
| | | I70.408 | I70.409 | I70.411 | I70.412 |
| | | I70.413 | I70.418 | 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 | I70.491 | I70.492 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | |
|----------------------------|------------------------|--|---------|---------|
| Cardiovascular (continued) | I70.493 | I70.498 | I70.499 | I70.501 |
| | I70.502 | I70.503 | I70.508 | I70.509 |
| | I70.511 | I70.512 | I70.513 | I70.518 |
| | I70.519 | 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 | I70.591 | I70.592 | I70.593 |
| | I70.598 | I70.599 | I70.601 | I70.602 |
| | I70.603 | I70.608 | I70.609 | I70.611 |
| | I70.612 | I70.613 | I70.618 | I70.619 |
| | 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 |
| | I70.691 | I70.692 | I70.693 | I70.698 |
| | I70.699 | I70.701 | I70.702 | I70.703 |
| | I70.708 | I70.709 | I70.711 | I70.712 |
| | I70.713 | I70.718 | I70.719 | 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 | I70.791 |
| | I70.792 | I70.793 | I70.798 | I70.799 |
| | I70.8 | I70.90 | I70.91 | I70.92 |
| | I72.3 | I72.4 | I72.8 | I72.9 |
| | I73.89 | I73.9 | I74.3 | I74.4 |
| | I74.5 | I74.8 | I74.9 | I75.021 |
| | I75.022 | I75.023 | I75.029 | I75.89 |
| | I77.1 | I77.2 | I77.70 | I77.72 |
| | I77.77 | I77.79 | I96 | L03.115 |
| | L03.116 | L97.319 | L97.329 | L97.419 |
| | L97.429 | L97.511 | L97.512 | L97.513 |
| | L97.519 | L97.521 | L97.522 | L97.529 |
| | L97.819 | L97.828 | L97.829 | L97.909 |
| | L97.919 | L97.929 | L98.491 | L98.499 |
| | M79.604 | M79.605 | M79.606 | M79.609 |
| M79.651 | M79.652 | M79.659 | M79.661 | |
| M79.662 | M79.669 | M79.671 | M79.672 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|---|--|--|----------|----------|----------|-------|
| Cardiovascular (continued) | | M79.673 | M79.674 | M79.675 | M79.676 | |
| | | M86.661 | M86.662 | M86.669 | M86.671 | |
| | | M86.672 | M86.679 | M86.8X7 | Q27.30 | |
| | | Q27.32 | Q27.39 | Q27.8 | Q27.9 | |
| | | Q87.2 | R93.6 | S35.511A | S35.512A | |
| | | S81.801A | S81.802A | S81.809A | S91.301A | |
| | | S91.302A | S91.309A | T82.312A | T82.318A | |
| | | T82.319A | T82.338A | T82.392A | T82.398A | |
| | | T82.399A | T82.818A | T82.856A | T82.858A | |
| | T82.868A | T82.898A | Z95.820 | Z98.62 | | |
| Circumcision | Prior authorization required <u>only</u> for cases with documented medical necessity | 54161 | 54162 | 54163 | 54164 | |
| Cochlear implants and other auditory implants | Prior authorization required | 69714 | 69715 | 69718 | 69930 | |
| | | L8614 | L8619 | L8692 | | |
| A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech | | | | | | |
| Cosmetic and Reconstructive | Prior authorization required | 11960 | 11971 | 15820 | 15821 | |
| | | 15822 | 15823 | 15830 | 15847 | |
| | | Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function | 17106 | 17107 | 17108 | 17999 |
| | | | 21175 | 21179 | 21180 | 21181 |
| | | | 21182 | 21183 | 21184 | 21230 |
| | | | 21235 | 21256 | 21275 | 21280 |
| | | | 21282 | 21295 | 21740 | 21742 |
| | | Reconstructive procedures that treat a medical condition or improve or restore physiologic function | 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 the codes listed with a retail purchase or cumulative rental cost of more than \$500 | A9900 | E0194 | E0265 | E0270 | |
| | | E0277 | E0300 | E0328 | E0329 | |
| | | E0445 | E0457 | E0460 | E0465 | |
| | | E0466 | E0470 | E0471 | E0483 | |
| | | Prosthetics are not DME – see <i>Orthotics and Prosthetics</i> . | E0486 | E0620 | E0636 | E0637 |
| | | | E0652 | E0669 | E0670 | E0675 |
| | | Some home health care services may qualify but are not subject to the cost threshold – see <i>Home Health Care</i> . | E0693 | E0694 | E0700 | E0710 |
| | | | E0745 | E0762 | E0764 | E0784 |
| | | | E0787 | E0984 | E0986 | E1002 |
| | | | E1003 | E1004 | E1005 | E1006 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| Durable Medical Equipment (DME) (continued) | | E1007 | E1008 | E1009 | E1010 |
| | | E1030 | E1035 | E1130 | E1161 |
| | | E1229 | E1231 | E1232 | E1233 |
| | | E1234 | E1235 | E1236 | E1237 |
| | | E1238 | E1239 | E1825 | E2100 |
| | | E2228 | E2310 | E2311 | E2322 |
| | | E2325 | E2327 | E2329 | E2331 |
| | | E2351 | E2373 | E2510 | E2511 |
| | | E2512 | E2599 | E8000 | K0005 |
| | | K0008 | K0013 | K0108 | K0812 |
| | | 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 | V5281 | V5282 | V5283 |
| | V5286 | V5287 | V5288 | V5290 | |
| Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required | B9002 | B9998 | | |
| Experimental and Investigational (and/or linked services) | Prior authorization required | 33477 | 36514 | 55866 | 64722 |
| | | 65765 | 65767 | 66180 | A6000 |
| | | E0231 | E1831 | | |
| Femoroacetabular impingement syndrome (FAI) | Prior authorization required | 29914 | 29915 | 29916 | |
| Functional Endoscopic Sinus Surgery (FESS) | Prior authorization required | 31237 | 31240 | 31253 | 31254 |
| | | 31255 | 31256 | 31257 | 31259 |
| | | 31267 | 31276 | 31287 | 31288 |
| Genetic and molecular testing to include BRCA gene testing | Prior authorization 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 | 81105 | 81106 | 81107 | 81108 |
| | | 81109 | 81110 | 81111 | 81120 |
| | | 81121 | 81161 | 81162 | 81163 |
| | | 81164 | 81165 | 81166 | 81167 |
| | | 81170 | 81171 | 81172 | 81173 |
| | | 81174 | 81177 | 81178 | 81179 |
| | | 81180 | 81181 | 81182 | 81183 |
| | | 81184 | 81185 | 81186 | 81187 |
| | | 81188 | 81189 | 81190 | 81200 |
| 81201 | 81202 | 81203 | 81204 | | |
| | 81205 | 81206 | 81207 | 81208 | |

| 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) | Authorization/Notification Program for each specified genetic test. | 81209 | 81210 | 81212 | 81215 |
| | | 81216 | 81217 | 81218 | 81219 |
| | Notification/prior authorization required for BRCA testing before DNA sequencing is performed. | 81220 | 81221 | 81222 | 81223 |
| | The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare. | 81224 | 81225 | 81226 | 81227 |
| | | 81228 | 81229 | 81233 | 81234 |
| | | 81235 | 81236 | 81237 | 81239 |
| | | 81240 | 81241 | 81242 | 81243 |
| | | 81244 | 81245 | 81246 | 81250 |
| | | 81251 | 81252 | 81253 | 81254 |
| | | 81255 | 81256 | 81257 | 81260 |
| | | 81261 | 81262 | 81263 | 81264 |
| | | 81265 | 81266 | 81267 | 81268 |
| | | 81270 | 81271 | 81272 | 81273 |
| | | 81274 | 81275 | 81276 | 81284 |
| | | 81285 | 81286 | 81287 | 81288 |
| | | 81289 | 81290 | 81291 | 81292 |
| | | 81293 | 81294 | 81295 | 81296 |
| | | 81297 | 81298 | 81299 | 81300 |
| | | 81301 | 81302 | 81303 | 81304 |
| | | 81305 | 81306 | 81310 | 81311 |
| | | 81312 | 81313 | 81314 | 81315 |
| | | 81316 | 81317 | 81318 | 81319 |
| | | 81320 | 81321 | 81322 | 81323 |
| | | 81324 | 81325 | 81326 | 81329 |
| | | 81330 | 81331 | 81332 | 81333 |
| | | 81336 | 81337 | 81340 | 81341 |
| | | 81342 | 81343 | 81344 | 81345 |
| | | 81350 | 81355 | 81370 | 81371 |
| | | 81372 | 81373 | 81374 | 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 | 81420 | 81430 | 81431 | |
| | 81432 | 81433 | 81434 | 81435 | |
| | 81436 | 81437 | 81438 | 81439 | |
| | 81440 | 81442 | 81445 | 81460 | |
| | 81465 | 81507 | 81518 | 81519 | |
| | 81545 | 81595 | 87480 | 87481 | |
| | 87482 | 87505 | 87506 | 87507 | |
| | 87510 | 87511 | 87512 | 87623 | |
| | 87652 | 87660 | 87661 | 87797 | |
| | 87798 | 87799 | 87800 | 87801 | |

| 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) | | 0068U | 0097U | 0111U | 0129U |
| | | 0130U | 0131U | 0132U | 0133U |
| | | 0134U | 0135U | 0136U | 0137U |
| | | 0138U | | | |
| Home health care | Prior authorization required only in outpatient settings – to include member's home | G0299 G0495 | G0300 G0496 | G0493 | G0494 |
| Injectable medications | Carved out to state | | | | |
| Joint replacement | Prior authorization required | 23470 | 23472 | 23473 | 23474 |
| Joint, total hip and knee replacement procedures | | 24360 | 24361 | 24362 | 24363 |
| | | 24370 | 24371 | 27120 | 27122 |
| | | 27125 | 27130 | 27132 | 27134 |
| | | 27137 | 27138 | 27412 | 27446 |
| | | 27447 | 27486 | 27487 | 29866 |
| | | 29867 | 29868 | J7330 | |
| 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 | | 21141 | 21142 | 21143 | 21145 |
| | | 21146 | 21147 | 21150 | 21151 |
| | | 21154 | 21155 | 21159 | 21160 |
| | | 21188 | 21193 | 21194 | 21195 |
| | | 21196 | 21198 | 21199 | 21206 |
| | | 21208 | 21209 | 21210 | 21215 |
| | | 21240 | 21242 | 21244 | 21245 |
| | | 21246 | 21247 | 21248 | 21249 |
| | | 21255 | 21296 | 21299 | |
| 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 | L1200 | L1300 | L1310 | |
| | L1499 | L1680 | L1685 | L1700 | |
| | L1710 | L1720 | L1730 | L1755 | |
| | L1820 | L1830 | L1831 | L1832 | |
| | L1834 | L1836 | L1840 | L1845 | |
| | L1846 | L1847 | L1860 | L1945 | |
| | L1950 | L1970 | L2000 | L2005 | |
| | L2010 | L2020 | L2030 | L2034 | |
| | L2036 | L2037 | L2038 | L2060 | |
| | L2106 | L2108 | L2126 | L2136 | |
| | L2350 | L2510 | L2526 | L2627 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | |
|--|------------------------|--|-------|-------|
| Orthotics and prosthetics (continued) | L2628 | L3230 | L3649 | L3671 |
| | L3674 | L3720 | L3730 | L3740 |
| | L3763 | L3764 | L3900 | L3901 |
| | 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 | 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 |
| L6686 | L6687 | L6689 | L6690 | |
| L6692 | L6693 | L6694 | L6695 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|-------|-------|-------|
| Orthotics and prosthetics (continued) | | L6696 | L6697 | L6707 | L6711 |
| | | L6712 | L6883 | L6884 | L6885 |
| | | L7405 | L8044 | L8499 | |
| Personal care assistance | Prior authorization required | T1001 | T1019 | T1028 | |
| Private duty nursing | Prior authorization required | T1000 | T1002 | T1003 | |
| Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge | Prior authorization required | 77520 | 77522 | 77523 | 77525 |
| Radiology | <p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures | <p>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 Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard, or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MOcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p> | | | |
| Septoplasty and Rhinoplasty Treatment of nasal functional impairment and septal deviation | Prior authorization required | 30460 | 30462 | 30465 | |
| Sinuplasty | Prior authorization required | 31295 | 31296 | 31297 | 31298 |
| Site of Service (SOS) – Outpatient hospital | <p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)</p> | <p>Auditory system 69205</p> <p>Cardiovascular system 36590 36832</p> <p>Carpal tunnel surgery 64721</p> <p>Cataract surgery 66821 66982 66984 66987 66988</p> <p>Colonoscopy 45378 45380 45384 45385</p> <p>Cosmetic & reconstructive 13101 13132 14040 14060 14301 21552 21931</p> <p>Digestive system 42415 42440 43200 43236</p> | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------------|--|-------|-------|-------|
| Site of Service (SOS) – Outpatient hospital (continued) | | 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 | 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 | | | | |
| | 20680 | | | | |
| | Musculoskeletal system | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------|--|-------|-------|--|
| Site of Service (SOS) – Outpatient hospital (continued) | 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 | 28289 | 28292 | 28296 | |
| | 28297 | 28298 | 28299 | 29806 | |
| | 29807 | 29819 | 29822 | 29823 | |
| | 29824 | 29825 | 29826 | 29827 | |
| | 29828 | 29835 | 29840 | 29845 | |
| | 29846 | 29848 | 29861 | 29875 | |
| | 29876 | 29877 | 29879 | 29880 | |
| | 29881 | 29882 | 29888 | 29893 | |
| | G0260 | | | | |
| | Nervous system | | | | |
| | 64561 | 64640 | | | |
| | Ophthalmologic | | | | |
| | 65426 | 65730 | 65855 | 66170 | |
| 66761 | 67028 | 67036 | 67040 | | |
| 67228 | 67311 | 67312 | | | |
| Respiratory system | | | | | |
| 30802 | 30930 | 31525 | 31535 | | |
| 31536 | 31541 | 31624 | | | |
| Tonsillectomy & adenoidectomy | | | | | |
| 42820 | 42821 | 42825 | 42826 | | |
| 42830 | | | | | |
| Upper gastrointestinal endoscopy | | | | | |
| 43235 | 43239 | 43249 | | | |
| Urinary system | | | | | |
| 52276 | 52287 | 52320 | 52344 | | |
| Urologic procedures | | | | | |
| 50590 | 52000 | 52005 | 52204 | | |
| 52224 | 52234 | 52235 | 52260 | | |
| 52281 | 52310 | 52332 | 52351 | | |
| 52352 | 52353 | 52356 | 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 – Attended | Prior authorization required | 95805 95811 | 95807 | 95808 | 95810 |
| Sleep studies – Unattended | Prior authorization required. Excludes place of service home | 95800 | 95801 | 95806 | |
| Spinal surgery | Prior authorization required | 22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307 | 22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308 | 22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 | 22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 |
| Stimulators Implantation of a device that sends electrical impulses | Prior authorization required | Bone Growth Stimulator E0747 E0748 E0760 Neurostimulator 61863 61864 61867 61868 61885 61886 63650 63655 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|---|---|--|--|
| Stimulators (continued) | | 63685 64570 | 64553 64590 | 64555 | 64568 |
| Transplants | Prior authorization required | For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card. | | | |
| | Inpatient transplant procedures carved out to state | 32851 33935 38210 38215 38242 44721 47142 48554 50547 | 32852 33945 38212 38232* 44135 47135 47146 50360 | 32853 38208 38213 38240 44137 47140 47147 50365 | 32854 38209 38214 38241 44720 47141 48552 50370 |
| | | CAR T-cell therapy: | | | |
| | | 0537T Q2041 | 0538T Q2042 | 0539T | 0540T |
| | | *Code 38232 will only require prior authorization for an oncology diagnosis | | | |
| Vein procedures | Prior authorization required | 36473 37718 | 36475 37722 | 36478 37780 | 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 | | | | |
| Ventricular assist services (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 | 33975 33982 | 33976 33983 | 33979 | 33981 |
| Wound vac | Prior authorization required | E2402 | | | |