

Prior Authorization Requirements for Missouri

Effective November 1, 2019

General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Missouri participating 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: 800-366-7304**
- To request prior authorization for Pediatric Care Network (PCN), please call PCN at **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	
Cardiology	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance Prior authorization required for	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 .			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Cardiology (cont'd)	participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance	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.
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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
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cardiovascular (cont'd)		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	
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cochlear implants and other auditory implants	Prior authorization required	69714 L8614	69715 L8619	69718 L8692	69930
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
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function					
		15822	15823	15830	15847
		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
		E0693	E0694	E0700	E0710
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .	E0745	E0762	E0764	E0784
		E0984	E0986	E1002	E1003
		E1004	E1005	E1006	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Durable medical equipment (DME) (cont'd)		V5281	V5282	V5283	V5286	
		V5287	V5288	V5290		
Enteral services	Prior authorization required	B9002	B9998			
In-home nutritional therapy, either enteral or through a gastrostomy tube						
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	81105	81106	81107	81108	
		81109	81110	81111	81120	
		81121	81161	81162	81163	
		81164	81165	81166	81167	
		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.	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
			81209	81210	81212	81215
	81216		81217	81218	81219	
	81220		81221	81222	81223	
	Notification/prior authorization 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.	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			

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 (cont'd)		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	81443	81445
		81450	81455	81460	81465
		81507	81518	81519	81545
	81595	0081U	0111U	0113U	
	0118U	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	

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		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
		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	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.			
	<ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	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 .			
		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.			
Septoplasty and rhinoplasty	Prior authorization required	30460	30462	30465	
Treatment of nasal functional impairment and septal deviation					
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
Sleep Studies- Attended	Prior authorization required	95805	95807	95808	95810
		95811			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Sleep studies – Unattended	Prior authorization required. Excludes place of service home	95800	95801	95806	
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22864
		22865	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63055	63056
		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
		63180	63182	63185	63190
		63191	63194	63195	63196
		63198	63199	63200	63250
		63251	63252	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308		
Stimulators	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0760	
		Neurostimulator			
		61863	61864	61867	61868
		61885	61886	63650	63655
		63685	64553	64555	64568
		64570	64590		
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	32852	32853	32854
		33935	33945	38208	38209
		38210	38212	38213	38214
		38215	38232	38240	38241
		38242	44135	44137	44720
		44721	47135	47140	47141
		47142	47146	47147	48552

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (cont'd)		48554 50547	50360	50365	50370
		CAR T-cell therapy:			
		0537T Q2041	0538T Q2042	0539T	0540T
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 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		33975 33982	33976 33983	33979	33981
Wound vac	Prior authorization required	E2402			