

# Prior authorization requirements for Mississippi Children's Health Insurance Program Effective Jun. 1, 2023

## General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Mississippi Children's Health Insurance Program for inpatient and outpatient services. To request prior authorization, please submit your request online or by phone or fax.

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.
- **Phone:** 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 how to obtain prior authorization   |   |   |   |
|--|---|---|---|---|---|
| <b>Bariatric surgery</b><br>Bariatric surgery and specific obesity-related services                            | Prior authorization required  | 43644<br>43775<br>43847   | 43645<br>43842<br>43848                   | 43659<br>43845<br>43860                   | 43770<br>43846                            |
| <b>Behavioral health services</b><br>Behavioral health services through a designated behavioral health network | Prior authorization required<br>Our benefit plans provide coverage for behavioral health services through <a href="#">Optum Behavioral Health</a> network.<br><br>For more information go to <a href="https://providerexpress.com">providerexpress.com</a> > Guidelines/Policies & Manuals > State-Specific Manuals and Addendums > MS CAN Manual | For specific codes requiring prior authorization, please call <b>877-743-8734</b> or the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.<br>For ABA Therapy, submit via fax or Provider Express |   |   |   |
| <b>Bone growth stimulator</b><br>Electronic stimulation or ultrasound to heal fractures                        | Prior authorization required  | 20975   | 20979                                     |   |   |
| <b>Breast reconstruction (non-mastectomy)</b><br>Reconstruction of the breast except when following mastectomy | Prior authorization required  | 11971<br>19328<br>19350<br>19367<br>19371   | 19316<br>19330<br>19357<br>19368<br>19380 | 19318<br>19340<br>19361<br>19369<br>19396 | 19325<br>19342<br>19364<br>19370<br>L8600 |

| Procedures and services       | Additional information  | CPT® or HCPCS codes and how to obtain prior authorization   |
|-------------------------------|---|---|
| <b>Cancer supportive care</b> | Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis. | <p><b>Injectable colony-stimulating factor drugs that require prior authorization:</b></p> <p><b>Filgrastim (Neupogen®)</b><br/>J1442</p> <p><b>Filgrastim-aafi (Nivestym™)</b><br/>Q5110</p> <p><b>Filgrastim-ayow (Releuko®)</b><br/>Q5125</p> <p><b>Filgrastim-sndz (Zarxio®)</b><br/>Q5101</p> <p><b>Pegfilgrastim (Neulasta®)</b><br/>J2506</p> <p><b>Pegfilgrastim-apgf (Nyvepria™)</b><br/>Q5122</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b><br/>Q5120</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b><br/>Q5111</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b><br/>Q5108</p> <p>Sargramostim (Leukine®)<br/>J2820</p> <p><b>Tbo-filgrastim (Granix®)</b><br/>J1447</p> <p><b>Trilaciclib (Cosela™)</b><br/>J1448</p> <p><b><u>Anti-emetic Drugs that require prior authorization:</u></b></p> <p><b>Akynzeo® (palonosetron/fosnetupitant)</b><br/>J1454</p> <p><b>Cinvanti™ (aprepitant)</b><br/>J0185</p> <p><b>Emend® (fosaprepitant)</b><br/>J1453</p> <p><b>Sustol® (granisetron extended release)</b><br/>J1627</p> <p><b>Bone-modifying agent that requires prior authorization:</b></p> <p><b>Denosumab (Xgeva®)</b><br/>J0897</p> |
| <b>Cardiology</b>             | Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants,       | For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or call <b>866-889-8054</b> .   |

| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |  |  |  |
|-------------------------|------------------------|---|--|--|--|
|-------------------------|------------------------|---|--|--|--|

|                           |  |   |  |  |  |
|---------------------------|--|---|--|--|--|
| <b>Cardiology (cont.)</b> | echocardiograms and stress echoes prior to performance | For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/MScommunityplan">UHCprovider.com/MScommunityplan</a> > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program. |  |  |  |
|---------------------------|--|---|--|--|--|

|                       |                              |       |  |  |  |
|-----------------------|------------------------------|-------|--|--|--|
| <b>Cardiovascular</b> | Prior authorization required | 93580 |  |  |  |
|-----------------------|------------------------------|-------|--|--|--|

|                     |  |   |  |  |  |
|---------------------|--|---|--|--|--|
| <b>Chemotherapy</b> | Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis | <p>Injectable chemotherapy drugs that require prior authorization:</p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000-J9999), Leucovorin (J0640) and Levoleucovorin (J0641, J0642), Lupron Depot (J1950), Leuprolide (J1952)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.</p> <p>Or call <b>888-397-8129</b>.</p> |  |  |  |
|---------------------|--|---|--|--|--|

|  |                              |       |       |       |       |
|--|------------------------------|-------|-------|-------|-------|
| <b>Cochlear and other auditory implants</b>  | Prior authorization required | 69710 | 69714 | 69930 | L8614 |
| A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech |                              | L8619 | L8690 | L8691 | L8692 |

|  |                              |        |        |        |       |
|--|------------------------------|--------|--------|--------|-------|
| <b>Cosmetic and reconstructive</b>   | 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 |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function                                |                              | 15823  | 15830  | 15847  | 15877 |
|  |                              | 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 |
|  |                              | Q2026  |        |        |       |

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

| Procedures and services             | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |          |          |  |
|-------------------------------------|------------------------|---|----------|----------|--|
| Cosmetic and reconstructive (cont.) | C43.0                  | C43.10  | C43.111  | C43.112  |  |
|                                     | C43.121                | C43.122   | C43.20   | C43.21   |  |
|                                     | C43.22                 | C43.30  | C43.31   | C43.39   |  |
|                                     | C43.4                  | C43.51  | C43.52   | C43.59   |  |
|                                     | C43.60                 | C43.61  | C43.62   | C43.70   |  |
|                                     | C43.71                 | C43.72  | C43.8    | C43.9    |  |
|                                     | C44.01                 | C44.02  | C44.09   | C44.101  |  |
|                                     | C44.1021               | C44.1022  | C44.1091 | C44.1092 |  |
|                                     | C44.111                | C44.1121  | C44.1122 | C44.1191 |  |
|                                     | C44.1192               | C44.121   | C44.1221 | C44.1222 |  |
|                                     | C44.1291               | C44.1292  | C44.131  | C44.1321 |  |
|                                     | C44.1322               | C44.1391  | C44.1392 | C44.191  |  |
|                                     | C44.1921               | C44.1922  | C44.1991 | C44.1992 |  |
|                                     | C44.201                | C44.202   | C44.209  | C44.211  |  |
|                                     | C44.212                | C44.219   | C44.221  | C44.222  |  |
|                                     | C44.229                | C44.291   | C44.292  | C44.299  |  |
|                                     | C44.300                | C44.301   | C44.309  | C44.310  |  |
|                                     | C44.311                | C44.319   | C44.320  | C44.321  |  |
|                                     | C44.329                | C44.390   | C44.391  | C44.399  |  |
|                                     | C44.40                 | C44.41  | C44.42   | C44.49   |  |
|                                     | C44.500                | C44.501   | C44.509  | C44.510  |  |
|                                     | C44.511                | C44.519   | C44.520  | C44.521  |  |
|                                     | C44.529                | C44.590   | C44.591  | C44.599  |  |
|                                     | C44.601                | C44.602   | C44.609  | C44.611  |  |
|                                     | C44.612                | C44.619   | C44.621  | C44.622  |  |
|                                     | C44.629                | C44.691   | C44.692  | C44.699  |  |
|                                     | C44.701                | C44.702   | C44.709  | C44.711  |  |
|                                     | C44.712                | C44.719   | C44.721  | C44.722  |  |
|                                     | C44.729                | C44.791   | C44.792  | C44.799  |  |
|                                     | C44.80                 | C44.81  | C44.82   | C44.89   |  |
|                                     | C44.90                 | C44.91  | C44.92   | C44.99   |  |
|                                     | C46.0                  | C4A.0   | C4A.10   | C4A.111  |  |
|                                     | C4A.112                | C4A.121   | C4A.122  | C4A.20   |  |
|                                     | C4A.21                 | C4A.22  | C4A.30   | C4A.31   |  |
|                                     | C4A.39                 | C4A.4   | C4A.51   | C4A.51   |  |
|                                     | 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   |  |

| Procedures and services   | Additional information   | CPT® or HCPCS codes and how to obtain prior authorization |        |        |        |
|---|--|---|--------|--------|--------|
| <b>Cosmetic and reconstructive (cont.)</b>                                |  | D04.61  | D04.62 | D04.70 | D04.71 |
| <b>Durable medical equipment (DME)</b>                                    | Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. | A6549   | A9279  | A9280  | A9900  |
| Prosthetics are not DME – See Orthotics and prosthetics.                  |  | E0194   | E0265  | E0266  | E0270  |
|   |  | E0277   | E0300  | E0328  | E0329  |
|   |  | E0445   | E0457  |        | E0465  |
|   |  | E0466   | E0470  | E0471  | E0483  |
|   |  | E0486   | E0620  | E0636  | E0637  |
|   |  | E0656   | E0669  | E0670  | E0675  |
|   |  | E0693   | E0694  | E0700  | E0710  |
|   |  | E0745   | E0762  | E0764  | E0766  |
|   |  | E0784   | E0787  | E0984  | E0986  |
|   |  | E1002   | E1003  | E1004  | E1005  |
|   |  | E1006   | E1007  | E1008  | E1009  |
|   |  | E1010   | E1030  | E1035  | E1036  |
|   |  | E1130   | E1161  | E1220  | E1229  |
|   |  | E1231   | E1232  | E1233  | E1234  |
|   |  | E1235   | E1236  | E1237  | E1238  |
|   |  | E1239   | E1399  | E1825  | E2100  |
|   |  | E2227   | E2228  | E2230  | E2300  |
|   |  | E2301   | E2310  | E2311  | E2322  |
|   |  | E2325   | E2327  | E2329  | E2331  |
|   |  | E2351   | E2373  | E2510  | E2511  |
|   |  | E2512   | E2599  | E2626  | E2627  |
|   |  | E2628   | E2629  | E2630  | E8000  |
|   |  | E8001   | E8002  | K0005  | K0008  |
|   |  | K0013   | K0108  | K0812  | K0825  |
|   |  | K0830   | K0831  | K0848  | K0849  |
|   |  | K0850   | K0851  | K0852  | K0853  |
|   |  | K0854   | K0855  | K0856  | K0857  |
|   |  | K0858   | K0859  | K0860  | K0861  |
|   |  | K0862   | K0863  | K0864  | K0868  |
|   |  | K0869   | K0870  | K0871  | K0877  |
|   |  | K0878   | K0879  | K0880  | K0884  |
|   |  | K0885   | K0886  | K0890  | K0891  |
|   |  | S1040   | T1999  | T5999  | V2786  |
|   |  | V5269   | V5270  | V5271  | V5272  |
|   |  | V5274   | V5281  | V5282  | V5283  |
|   |  | V5286   | V5287  | V5288  | V5290  |
| <b>Enteral and parenteral services</b>                                    | Prior authorization required   | B4034   | B4035  | B4036  | B4100  |
| In-home nutritional therapy, either enteral or through a gastrostomy tube |  | B4102   | B4103  | B4104  | B4149  |
|   |  | B4150   | B4152  | B4153  | B4155  |
|   |  | B4158   | B4159  | B4160  | B4161  |

| Procedures and services   | Additional information   | CPT® or HCPCS codes and how to obtain prior authorization |       |       |       |
|---|--|---|-------|-------|-------|
| <b>Enteral and parenteral services (cont.)</b>                    |  | B9002   | B9998 | B9999 |       |
| <b>Experimental and investigational (and/or linked services)</b>  | Prior authorization required   | 36514   | 55866 | 64722 | 65765 |
|   |  | 65767   | 66180 | A4226 | A4638 |
|   |  | A6000   | A9274 | E0231 | E1831 |
|   |  | S0810   | S1030 | S1031 | S2102 |
|   |  | S9988   | S9990 | S9991 |       |
| <b>Femoroacetabular impingement syndrome (FAI)</b>                | Prior authorization required   | 29914   | 29915 | 29916 |       |
| <b>Functional endoscopic sinus surgery (FESS)</b>                 | Prior authorization required   | 31240   | 31253 | 31254 | 31255 |
|   |  | 31256   | 31257 | 31259 | 31267 |
|   |  | 31276   | 31287 | 31288 |       |
| <b>Genetic and molecular testing to include BRCA gene testing</b> | Prior authorization is required for genetic and molecular testing performed in an outpatient setting | 81105   | 81106 | 81107 | 81108 |
|   |  | 81109   | 81110 | 81111 | 81120 |
|   |  | 81121   | 81161 | 81162 | 81163 |
|   |  | 81164   | 81167 | 81168 | 81170 |
|   |  | 81171   | 81172 | 81173 | 81174 |
|   |  | 81175   | 81176 | 81177 | 81178 |
|   |  | 81179   | 81180 | 81181 | 81182 |
|   |  | 81183   | 81184 | 81185 | 81186 |
|   |  | 81187   | 81188 | 81189 | 81190 |
|   |  | 81191   | 81192 | 81193 | 81194 |
|   |  | 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 |       |       |
| 81290   | 81291  | 81292   | 81294 |       |       |
| 81295   | 81297  | 81298   | 81300 |       |       |
| 81302   | 81303  | 81304   | 81305 |       |       |
| 81306   | 81307  | 81309   | 81310 |       |       |

| Procedures and services   | Additional information       | CPT® or HCPCS codes and how to obtain prior authorization |       |       |       |
|---|------------------------------|---|-------|-------|-------|
| <b>Genetic and molecular testing to include BRCA gene testing (cont.)</b> |                              | 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 | 0294U |       |
|   | 0296U                        | 0297U   | 0298U | 0299U |       |
|   | 0300U                        | S3870   |       |       |       |
| <b>Hearing aid services</b>   | Prior authorization required | 92590   | 92591 | 92592 | 92593 |
|   |                              | 92594   | 92595 | S0618 | V5010 |
|   |                              | V5011   | V5014 | V5030 | V5040 |
|   |                              | V5050   | V5060 | V5095 | V5100 |
|   |                              | V5120   |       |       | V5190 |
|   |                              |   | V5230 | V5242 | V5243 |
|   |                              | V5244   | V5245 | V5246 | V5247 |
|   |                              | V5248   | V5249 | V5250 | V5251 |
|   |                              | V5252   | V5253 | V5254 | V5255 |
|   |                              | V5256   | V5257 | V5258 | V5259 |
|   |                              | V5260   | V5261 | V5262 | V5263 |
|   |                              | V5267   | V5298 |       |       |

| Procedures and services | Additional information   | CPT® or HCPCS codes and how to obtain prior authorization |       |       |       |
|-------------------------|--|---|-------|-------|-------|
| Home health care        | Prior authorization is required only in outpatient settings, to include member's home. | G0299   | G0300 | S9474 |       |
| Hysterectomy            | Prior authorization required   | 58150   | 58152 | 58180 | 58260 |
|                         |  | 58262   | 58263 | 58267 | 58270 |
|                         |  | 58275   | 58290 | 58291 | 58292 |
|                         |  | 58542   | 58543 | 58544 | 58550 |
|                         |  | 58552   | 58553 | 58570 | 58571 |
|                         |  | 58572   | 58573 |       |       |
| Injectable medications  | Prior authorization required*  | <b>Actemra®</b>   |       |       |       |
|                         |  | J3262   |       |       |       |
|                         |  | <b>Acthar®</b>  |       |       |       |
|                         |  | J0800   |       |       |       |
|                         |  | <b>Adakveo®</b>   |       |       |       |
|                         |  | J0791   |       |       |       |
|                         |  | <b>Aduhelm® - Eff 07/01/23</b>                            |       |       |       |
|                         |  | J0172   |       |       |       |
|                         |  | <b>Aldurazyme®</b>  |       |       |       |
|                         |  | J1931   |       |       |       |
|                         |  | <b>Amvuttra™</b>  |       |       |       |
|                         |  | J0225   |       |       |       |
|                         |  | <b>Amondys 45</b>   |       |       |       |
|                         |  | J1426   |       |       |       |
|                         |  | <b>Aralast NP®</b>  |       |       |       |
|                         |  | J0256   |       |       |       |
|                         |  | <b>Avsola™</b>  |       |       |       |
|                         |  | Q5121   |       |       |       |
|                         |  | <b>Benlysta</b>   |       |       |       |
|                         |  | J0490   |       |       |       |
| <b>Beriner®</b>         |  |   |       |       |       |
| J0597                   |  |   |       |       |       |
| <b>Botulinum toxins</b> |  |   |       |       |       |
| J0585                   | J0586  | J0587   | J0588 |       |       |
| <b>Brineura™</b>        |  |   |       |       |       |
| J0567                   |  |   |       |       |       |
| <b>Cabenuva™</b>        |  |   |       |       |       |
| J0741                   |  |   |       |       |       |
| <b>Cerezyme®</b>        |  |   |       |       |       |
| J1786                   |  |   |       |       |       |
| <b>Cimzia®</b>          |  |   |       |       |       |
| J0717                   |  |   |       |       |       |



| Procedures and services        | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |
|--------------------------------|------------------------|---|
| Injectable medications (cont.) |                        | <b>Cinqair®</b><br>J2786                                  |
|                                |                        | <b>Cinryze®</b><br>J0598                                  |
|                                |                        | <b>Cryvista®</b><br>J0584                                 |
|                                |                        | <b>Cutaquig</b><br>J1551                                  |
|                                |                        | <b>Elaprase®</b><br>J1743                                 |
|                                |                        | <b>Elelyso®</b><br>J3060                                  |
|                                |                        | <b>Enjaymo™</b><br>J1302                                  |
|                                |                        | <b>Entyvio®</b><br>J3380                                  |
|                                |                        | <b>Erythropoiesis Stimulating Agents</b><br>J0885         |
|                                |                        | <b>Evenity™</b><br>J3111                                  |
|                                |                        | <b>Evkeeza™</b><br>J1305                                  |
|                                |                        | <b>Exondys 51™</b><br>J1428                               |
|                                |                        | <b>Fabrazyme®</b><br>J0180                                |
|                                |                        | <b>Fasenra™</b><br>J0517                                  |
|                                |                        | <b>Feraheme®</b><br>Q0138                                 |
|                                |                        | <b>Fensolvi®</b><br>J1951                                 |
|                                |                        | <b>Firmagon®</b><br>J9155                                 |
|                                |                        | <b>Fylnetra®</b><br>Q5130                                 |
|                                |                        | <b>Gamifant®</b><br>J9210                                 |
|                                |                        | <b>Givlaari®</b><br>J0223                                 |
|                                |                        | <b>Glassia®</b><br>J0257                                  |

| Procedures and services        | Additional information        | CPT® or HCPCS codes and how to obtain prior authorization |       |       |
|--------------------------------|-------------------------------|---|-------|-------|
| Injectable medications (cont.) | <b>Hemgenix®</b>              |   |       |       |
|                                | J1411                         |   |       |       |
|                                | <b>Ilaris®</b>                |   |       |       |
|                                | J0638                         |   |       |       |
|                                | <b>Ilumya™</b>                |   |       |       |
|                                | J3245                         |   |       |       |
|                                | <b>Inflectra®</b>             |   |       |       |
|                                | Q5103                         |   |       |       |
|                                | <b>Injectafer®</b>            |   |       |       |
|                                | J1439                         |   |       |       |
|                                | <b>IVIG</b>                   |   |       |       |
|                                | 90283                         | 90284   | J1459 | J1554 |
|                                | J1555                         | J1556   | J1557 | J1559 |
|                                | J1561                         | J1566   | J1568 | J1569 |
|                                | J1572                         | J1575   | J1599 |       |
|                                | <b>Kalbitor®</b>              |   |       |       |
|                                | J1290                         |   |       |       |
|                                | <b>Kanuma®</b>                |   |       |       |
|                                | J2840                         |   |       |       |
|                                | <b>Korsuva®</b>               |   |       |       |
|                                | J0879                         |   |       |       |
|                                | <b>Krystexxa®</b>             |   |       |       |
|                                | J2507                         |   |       |       |
|                                | <b>Lanreotide</b>             |   |       |       |
|                                | J1932                         |   |       |       |
|                                | <b>Lemtrada®</b>              |   |       |       |
|                                | J0202                         |   |       |       |
|                                | <b>Lumizyme®</b>              |   |       |       |
|                                | J0221                         |   |       |       |
|                                | <b>Lupron Depot®</b>          |   |       |       |
|                                | J1950                         |   |       |       |
|                                | <b>Lupron Depot, Eligard®</b> |   |       |       |
|                                | J9217                         |   |       |       |
|                                | <b>Luxturna™</b>              |   |       |       |
|                                | J3398                         |   |       |       |
|                                | <b>Mepsevii®</b>              |   |       |       |
|                                | J3397                         |   |       |       |
|                                | <b>Monoferric®</b>            |   |       |       |
| J1437                          |                               |   |       |       |
| <b>Naglazyme®</b>              |                               |   |       |       |
| J1458                          |                               |   |       |       |

| Procedures and services        | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |
|--------------------------------|------------------------|---|
| Injectable medications (cont.) |                        | <b>Nexviazyme®</b><br>J0219                               |
|                                |                        | <b>Nplate®</b><br>J2796                                   |
|                                |                        | <b>Nucala®</b><br>J2182                                   |
|                                |                        | <b>Ocrevus™</b><br>J2350                                  |
|                                |                        | <b>Octreotide Acetate</b><br>J2354                        |
|                                |                        | <b>Onpattro™</b><br>J0222                                 |
|                                |                        | <b>Orencia®</b><br>J0129                                  |
|                                |                        | <b>Oxlumo™</b><br>J0224                                   |
|                                |                        | <b>Parsabiv™</b><br>J0606                                 |
|                                |                        | <b>Probuphine®</b><br>J0570                               |
|                                |                        | <b>Prolastin C®</b><br>J0256                              |
|                                |                        | <b>Prolia® ***</b><br>J0897                               |
|                                |                        | <b>Radicava®</b><br>J1301                                 |
|                                |                        | <b>Reblozyl®</b><br>J0896                                 |
|                                |                        | <b>Releuko®</b><br>Q5125                                  |
|                                |                        | <b>Remicade®</b><br>J1745                                 |
|                                |                        | <b>Renflexis®</b><br>Q5104                                |
|                                |                        | <b>Revcovi®</b><br>J3590                                  |
|                                |                        | <b>Riabni™</b><br>Q5123                                   |
|                                |                        | <b>Rituxan®</b><br>J9312                                  |
|                                |                        | <b>Rituxan Hycela®</b>                                    |

| Procedures and services        | Additional information         | CPT® or HCPCS codes and how to obtain prior authorization |       |       |
|--------------------------------|--------------------------------|---|-------|-------|
| Injectable medications (cont.) | J9311                          |   |       |       |
|                                | <b>Ruconest®</b>               |   |       |       |
|                                | J0596                          |   |       |       |
|                                | <b>Ruxience®</b>               |   |       |       |
|                                | Q5119                          |   |       |       |
|                                | <b>Ryplazim®</b>               |   |       |       |
|                                | J2998                          |   |       |       |
|                                | <b>Sandostatin® LAR</b>        |   |       |       |
|                                | J2353                          |   |       |       |
|                                | <b>Saphnelo™</b>               |   |       |       |
|                                | J0491                          |   |       |       |
|                                | <b>Scenesse®</b>               |   |       |       |
|                                | J7352                          |   |       |       |
|                                | <b>Signifor® LAR</b>           |   |       |       |
|                                | J2502                          |   |       |       |
|                                | <b>Simponi Aria®</b>           |   |       |       |
|                                | J1602                          |   |       |       |
|                                | <b>Skyrizi®</b>                |   |       |       |
|                                | J2327                          |   |       |       |
|                                | <b>Sodium Hyaluronate</b>      |   |       |       |
|                                | J7320                          | J7321   | J7322 | J7324 |
|                                | J7325                          | J7326   | J7327 | J7329 |
|                                | J7331                          | J7332   |       |       |
|                                | <b>Soliris®</b>                |   |       |       |
|                                | J1300                          |   |       |       |
|                                | <b>Somatuline® Depot*</b>      |   |       |       |
|                                | J1930                          |   |       |       |
|                                | <b>Spinraza™</b>               |   |       |       |
|                                | J2326                          |   |       |       |
|                                | <b>Spravato™</b>               |   |       |       |
|                                | S0013                          |   |       |       |
|                                | <b>Spevigo®</b>                |   |       |       |
|                                | J1747                          |   |       |       |
|                                | <b>Stelara®</b>                |   |       |       |
|                                | J3358                          |   |       |       |
|                                | <b>Sublocade™</b>              |   |       |       |
|                                | Q9991                          | Q9992   |       |       |
|                                | <b>Sunlenca – Eff 07/01/23</b> |   |       |       |
|                                | J1961                          |   |       |       |
|                                | <b>Supprelin® LA</b>           |   |       |       |
|                                | J9226                          |   |       |       |
|                                | <b>Synagis®</b>                |   |       |       |

| Procedures and services        | Additional information                    | CPT® or HCPCS codes and how to obtain prior authorization |       |       |  |
|--------------------------------|---|---|-------|-------|--|
| Injectable medications (cont.) | 90378                                     |   |       |       |  |
|                                | <b>Tepezza®</b>                           |   |       |       |  |
|                                | J3241                                     |   |       |       |  |
|                                | <b>Tezspire™</b>                          |   |       |       |  |
|                                | J2356                                     |   |       |       |  |
|                                | <b>Therapeutic radiopharmaceuticals</b>   |   |       |       |  |
|                                | A9513                                     | A9590   | A9606 | A9607 |  |
|                                | A9699                                     |   |       |       |  |
|                                | <b>Trelstar®</b>                          |   |       |       |  |
|                                | J3315                                     |   |       |       |  |
|                                | <b>Triptodur®</b>                         |   |       |       |  |
|                                | J3316                                     |   |       |       |  |
|                                | <b>Trogarzo™</b>                          |   |       |       |  |
|                                | <b>J1746</b>                              |   |       |       |  |
|                                | <b>Truxima®</b>                           |   |       |       |  |
|                                | Q5115                                     |   |       |       |  |
|                                | <b>Tzield™ - Eff 07/01/23</b>             |   |       |       |  |
|                                | J9381                                     |   |       |       |  |
|                                | <b>Ultomiris™</b>                         |   |       |       |  |
|                                | J1303                                     |   |       |       |  |
|                                | <b>Unclassified and temporary codes**</b> |   |       |       |  |
|                                | C9399                                     | J3490   | J3590 |       |  |
|                                | <b>Uplizna®</b>                           |   |       |       |  |
|                                | J1823                                     |   |       |       |  |
|                                | <b>Viltepso™</b>                          |   |       |       |  |
|                                | J1427                                     |   |       |       |  |
|                                | <b>Vimizim®</b>                           |   |       |       |  |
|                                | J1322                                     |   |       |       |  |
|                                | <b>Vyepti™</b>                            |   |       |       |  |
|                                | J3032                                     |   |       |       |  |
|                                | <b>Vyondys 53®</b>                        |   |       |       |  |
|                                | J1429                                     |   |       |       |  |
|                                | <b>Xembify®</b>                           |   |       |       |  |
|                                | J1558                                     |   |       |       |  |
|                                | <b>Xenpozyme™</b>                         |   |       |       |  |
|                                | J0218                                     |   |       |       |  |
|                                | <b>Xolair®</b>                            |   |       |       |  |
|                                | J2357                                     |   |       |       |  |
|                                | <b>Zoladex®</b>                           |   |       |       |  |
|                                | J9202                                     |   |       |       |  |
|                                | <b>Zolgensma®</b>                         |   |       |       |  |

| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |  |  |  |
|-------------------------|------------------------|---|--|--|--|
|-------------------------|------------------------|---|--|--|--|

|                                |       |   |  |  |  |
|--------------------------------|-------|---|--|--|--|
| Injectable medications (cont.) | 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.   |  |  |  |
|                                |       | ** For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Nulibry™ and Purified Cortrophin™ Gel  |  |  |  |
|                                |       | *** For code J0897, prior authorization is required for non oncology diagnosis.   |  |  |  |
|                                |       | 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> . Predetermination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <b>UHCprovider.com</b> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. |  |  |  |

|  |                              |       |       |       |       |
|--|------------------------------|-------|-------|-------|-------|
| <b>Joint replacement</b><br>Joint, total hip and knee replacement procedures | Prior authorization required | 23470 | 23472 | 23473 | 23474 |
|  |                              | 24360 | 24361 | 24362 | 24363 |
|  |                              | 24370 | 24371 | 27120 | 27122 |
|  |                              | 27125 | 27130 | 27132 | 27134 |
|  |                              | 27137 | 27138 | 27412 | 27446 |
|  |                              | 27447 | 27486 | 27487 | 29866 |
|  |                              | 29867 | 29868 | J7330 | S2112 |

|   |                              |       |       |       |       |
|---|------------------------------|-------|-------|-------|-------|
| <b>Orthognathic surgery</b><br>Treatment of maxillofacial/jaw functional impairment | Prior authorization required | 21121 | 21123 | 21125 | 21127 |
|   |                              | 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 |       |

|                                  |   |       |       |       |       |
|----------------------------------|---|-------|-------|-------|-------|
| <b>Orthotics and prosthetics</b> | Prior authorization is required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500. | L0112 | L0170 | L0456 | L0462 |
|                                  |   | L0464 | L0480 | L0482 | L0484 |
|                                  |   | L0486 | L0624 | L0629 | L0631 |
|                                  |   | L0632 | L0634 | L0636 | L0637 |
|                                  |   |       |       |       |       |



| Procedures and services           | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |       |       |       |
|-----------------------------------|------------------------|---|-------|-------|-------|
| Orthotics and prosthetics (cont.) |                        | L0638   | L0640 | L0700 | L0710 |
|                                   |                        | L0810   | L0820 | L0830 | L0859 |
|                                   |                        | L1000   | L1005 | L1200 | L1300 |
|                                   |                        | L1310   | L1499 | L1680 | L1685 |
|                                   |                        | L1700   | L1710 | L1720 | L1730 |
|                                   |                        | L1755   | L1820 | L1832 | L1834 |
|                                   |                        | L1840   | L1844 | L1845 | L1846 |
|                                   |                        | L1860   | L1945 | L1950 | L1970 |
|                                   |                        | L2000   | L2005 | L2010 | L2020 |
|                                   |                        | L2030   | L2034 | L2036 | L2037 |
|                                   |                        | L2038   | L2060 | L2106 | L2108 |
|                                   |                        | L2126   | L2136 | L2350 | L2510 |
|                                   |                        | L2526   | L2627 | L2628 | L3230 |
|                                   |                        | L3265   | L3649 | L3671 | L3674 |
|                                   |                        | L3720   | L3730 | L3740 | L3763 |
|                                   |                        | L3764   | L3900 | L3901 | L3904 |
|                                   |                        | L3905   | L3961 | L3971 | L3975 |
|                                   |                        | L3976   | L3977 | L3999 | L4000 |
|                                   |                        | L4010   | L4020 | L4631 | L5010 |
|                                   |                        | L5020   | L5050 | L5060 | L5100 |
|                                   |                        | L5105   | L5150 | L5160 | L5200 |
|                                   |                        | L5210   | L5220 | L5230 | L5250 |
|                                   |                        | L5270   | L5280 | L5301 | L5312 |
|                                   |                        | L5321   | L5331 | L5341 | L5400 |
|                                   |                        | L5420   | L5460 | L5500 | L5505 |
|                                   |                        | L5510   | L5520 | L5530 | L5535 |
|                                   |                        | L5540   | L5560 | L5570 | L5580 |
|                                   |                        | L5585   | L5590 | L5595 | L5600 |
|                                   |                        | L5610   | L5613 | L5614 | L5616 |
|                                   |                        | L5639   | L5640 | L5642 | L5643 |
|                                   |                        | L5644   | L5646 | L5647 | L5648 |
|                                   |                        | 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 |

| Procedures and services                  | Additional information       | CPT® or HCPCS codes and how to obtain prior authorization |       |       |       |
|--|------------------------------|---|-------|-------|-------|
| <b>Orthotics and prosthetics (cont.)</b> |                              | L5982   | L5984 | L5986 | L5987 |
|  |                              | L5988   | L5990 | L5999 | L6000 |
|  |                              | L6010   | L6020 | L6050 | L6055 |
|  |                              | L6100   | L6110 | L6120 | L6130 |
|  |                              | L6200   | L6205 | L6250 | L6300 |
|  |                              | L6310   | L6320 | L6350 | L6360 |
|  |                              | L6370   | L6380 | L6382 | L6384 |
|  |                              | L6400   | L6450 | L6500 | L6550 |
|  |                              | L6570   | L6580 | L6582 | L6584 |
|  |                              | L6586   | L6588 | L6590 | L6621 |
|  |                              | L6623   | L6624 | L6646 | L6648 |
|  |                              | L6686   | L6687 | L6689 | L6690 |
|  |                              | L6692   | L6693 | L6694 | L6695 |
|  |                              | L6696   | L6697 | L6704 | L6707 |
|  |                              | L6708   | L6709 | L6711 | L6712 |
|  |                              | L6713   | L6714 | L6715 | L6880 |
|  |                              | L6881   | L6882 | L6883 | L6884 |
|  |                              | L6885   | L6895 | L6900 | L6905 |
|  |                              | L6910   | L6915 | L6920 | L6925 |
|  |                              | L6930   | L6935 | L6940 | L6945 |
|  |                              | L6950   | L6955 | L6960 | L6965 |
|  |                              | L6970   | L6975 | L7007 | L7008 |
|  |                              | L7009   | L7040 | L7045 | L7170 |
|  |                              | L7180   | L7181 | L7185 | L7186 |
|  | L7190                        | L7191   | L7405 | L8040 |       |
|  | L8042                        | L8043   | L8044 | L8045 |       |
|  | L8046                        | L8047   | L8499 | L8609 |       |
|  | L8610                        | L8612   | L8631 | L8659 |       |
| <b>Outpatient therapies: speech</b>      | Prior authorization required | 92507   |       |       |       |
| <b>Pain Injections and Management</b>    | Prior authorization required | 64490   | 64491 | 64492 | 64493 |
|  |                              | 64494   | 64495 |       |       |
| <b>Prostate Procedures</b>               | Prior authorization required | 37243   | 52441 | 52442 | 53850 |
|  |                              | 53852   | 55873 | 55874 |       |
| <b>Private duty nursing</b>              | Prior authorization required | S9122   | S9123 | S9124 |       |
| <b>Radiation Therapy</b>                 | Prior authorization required | <b>IGRT</b>   |       |       |       |
|  |                              | 77014   | 77387 | G6001 | G6002 |
|  |                              | G6017   |       |       |       |
|  |                              | <b>IMRT</b>   |       |       |       |
|  |                              | <b>Intensity-Modulated Radiation Therapy</b>              |       |       |       |
|  |                              | 77385   | 77386 | G6015 | G6016 |
|  |                              | <b>Proton Beam</b>  |       |       |       |



| Procedures and services   | Additional information   | CPT® or HCPCS codes and how to obtain prior authorization  |       |       |       |
|---|--|--|-------|-------|-------|
| <b>Radiation Therapy (cont.)</b>  |  | Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)   |       |       |       |
|   |  | 77520  | 77522 | 77523 | 77525 |
|   |  | <b>Special/Associated Services</b>   |       |       |       |
|   |  | 77331  | 77370 | 77399 | 77470 |
|   |  | SBRT/SRS   |       |       |       |
|   |  | 77371  | 77372 | 77373 |       |
|   |  | <b>Standard Radiation Therapy (2D/3D)</b>  |       |       |       |
|   |  | 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 |
|   |  | <b>Y90</b>   |       |       |       |
|   |  | 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   |       |       |       |
| <b>Radiology</b>  | <p>Prior authorization is required for participating physicians who request the following advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul> | <p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/MScommunityplan</b> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</p> |       |       |       |
| <b>Septoplasty and rhinoplasty</b><br>Treatment of nasal functional impairment and septal deviation | Prior authorization required   | 30400  | 30410 | 30420 | 30430 |
|   |  | 30435  | 30450 | 30460 | 30462 |
|   |  | 30465  |       |       |       |
| <b>Sinuplasty</b>   | Prior authorization required   | 31295  | 31296 | 31297 | 31298 |
| <b>Site of service (SOS) – Outpatient hospital</b>  | <p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not</p>  | <p><b>Auditory System</b></p> <p>69205</p> <p><b>Cardiovascular System</b></p>   |       |       |       |

| Procedures and services                                    | Additional information   | CPT® or HCPCS codes and how to obtain prior authorization |       |       |       |
|--|--|---|-------|-------|-------|
| <b>Site of service (SOS) – Outpatient hospital (cont.)</b> | required if performed at a participating Ambulatory Surgery Center (ASC) | 36590   | 36832 |       |       |
|  |  | <b>Carpal Tunnel Surgery</b>                              |       |       |       |
|  |  | 64721   |       |       |       |
|  |  | <b>Cataract Surgery</b>                                   |       |       |       |
|  |  | 66821   | 66982 | 66984 |       |
|  |  | <b>Colonoscopy</b>  |       |       |       |
|  |  | 45378   | 45380 | 45384 | 45385 |
|  |  | <b>Cosmetic &amp; Reconstructive</b>                      |       |       |       |
|  |  | 13101   | 13132 | 14040 | 14060 |
|  |  | 14301   | 21552 | 21931 |       |
|  |  | <b>Digestive System</b>                                   |       |       |       |
|  |  | 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 |       |
|  |  | <b>ENT Procedures</b>                                     |       |       |       |
|  |  | 21320   | 30140 | 30520 | 69436 |
|  |  | 69631   |       |       |       |
|  |  | <b>Eye and Ocular Adnexa</b>                              |       |       |       |
|  |  | 65710   | 65820 | 66250 | 66710 |
|  |  | 66711   | 66825 | 66986 | 66987 |
|  |  | 66988   | 67010 | 67041 | 67042 |
|  |  | 67105   | 67108 | 67113 | 67840 |
|  |  | 68110   | 68115 | 68320 | 68720 |
|  |  | 68815   |       |       |       |
|  |  | <b>Female Genital System</b>                              |       |       |       |
|  |  | 57240   | 57250 | 57461 | 57520 |
|  |  | 58561   | 58562 |       |       |
|  |  | <b>Gynecologic Procedures</b>                             |       |       |       |
|  |  | 57522   | 58353 | 58558 | 58563 |
|  |  | 58565   |       |       |       |
|  |  | <b>Hemic and Lymphatic Systems</b>                        |       |       |       |
|  |  | 38500   | 38510 | 38525 |       |
|  |  | <b>Hernia Repair</b>                                      |       |       |       |
|  |  | 49505   | 49650 | 49651 |       |

| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |  |  |
|-------------------------|------------------------|---|--|--|
|-------------------------|------------------------|---|--|--|

Site of service (SOS) –  
Outpatient hospital (cont.)

**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**

|       |       |       |       |
|-------|-------|-------|-------|
| 20552 | 20553 | 21012 | 21013 |
| 21336 | 21554 | 21555 | 21556 |
| 21930 | 22514 | 22902 | 22903 |
| 23071 | 23075 | 24071 | 27327 |
| 27337 | 27632 | 28035 | 28039 |
| 28041 | 28060 | 28080 | 28090 |
| 28104 | 28110 | 28118 | 28119 |
| 28124 | 28285 | 28289 | 28292 |
| 28296 | 28297 | 28298 | 28299 |
| 29806 | 29807 | 29819 | 29822 |
| 29823 | 29824 | 29825 | 29826 |
| 29827 | 29828 | 29835 | 29840 |
| 29845 | 29846 | 29848 | 29861 |
| 29875 | 29876 | 29877 | 29879 |
| 29880 | 29881 | 29882 | 29888 |
| 29893 | G0260 |       |       |

**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 |  |
|-------|-------|-------|--|

| Procedures and services                                    | Additional information       | CPT® or HCPCS codes and how to obtain prior authorization   |                              |       |       |       |  |
|--|------------------------------|---|------------------------------|-------|-------|-------|--|
| <b>Site of service (SOS) – Outpatient hospital (cont.)</b> |                              | <b>Urinary System</b>   |                              |       |       |       |  |
|  |                              | 52276   | 52287                        | 52320 | 52344 |       |  |
|  |                              | <b>Urologic Procedures</b>  |                              |       |       |       |  |
|  |                              | 50590   | 52000                        | 52005 | 52204 |       |  |
|  |                              | 52224   | 52234                        | 52235 | 52260 |       |  |
|  |                              | 52281   | 52310                        | 52332 | 52351 |       |  |
|  |                              | 52352   | 52353                        | 52356 | 54161 |       |  |
|  |                              | 55040   | 55700                        | 57288 |       |       |  |
|  |                              | <b>Sleep apnea procedures and surgeries</b>   | Prior authorization required | 21685 | 41599 | 42145 |  |
|  |                              | Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea |                              |       |       |       |  |
| <b>Sleep studies</b>                                       | Prior authorization required | 95805   | 95807                        | 95808 | 95810 |       |  |
| 95811  |                              |   |                              |       |       |       |  |
| <b>Spinal surgery</b>                                      | Prior authorization required | 22100   | 22101                        | 22102 | 22110 |       |  |
| 22112  |                              |   |                              |       |       |       |  |
| 22114  |                              |   |                              |       |       |       |  |
| 22210  |                              |   |                              |       |       |       |  |
| 22212  |                              |   |                              |       |       |       |  |
| 22214  |                              |   |                              |       |       |       |  |
| 22220  |                              |   |                              |       |       |       |  |
| 22224  |                              |   |                              |       |       |       |  |
| 22510  |                              |   |                              |       |       |       |  |
| 22511  |                              |   |                              |       |       |       |  |
| 22512  |                              |   |                              |       |       |       |  |
| 22513  |                              |   |                              |       |       |       |  |
| 22515  |                              |   |                              |       |       |       |  |
| 22532  |                              |   |                              |       |       |       |  |
| 22533  |                              |   |                              |       |       |       |  |
| 22548  |                              |   |                              |       |       |       |  |
| 22551  |                              |   |                              |       |       |       |  |
| 22554  |                              |   |                              |       |       |       |  |
| 22556  |                              |   |                              |       |       |       |  |
| 22558  |                              |   |                              |       |       |       |  |
| 22586  |                              |   |                              |       |       |       |  |
| 22590  |                              |   |                              |       |       |       |  |
| 22595  |                              |   |                              |       |       |       |  |
| 22600  |                              |   |                              |       |       |       |  |
| 22610  |                              |   |                              |       |       |       |  |
| 22612  |                              |   |                              |       |       |       |  |
| 22630  |                              |   |                              |       |       |       |  |
| 22633  |                              |   |                              |       |       |       |  |
| 22800  |                              |   |                              |       |       |       |  |
| 22802  |                              |   |                              |       |       |       |  |
| 22804  |                              |   |                              |       |       |       |  |
| 22808  |                              |   |                              |       |       |       |  |
| 22810  |                              |   |                              |       |       |       |  |
| 22812  |                              |   |                              |       |       |       |  |
| 22818  |                              |   |                              |       |       |       |  |
| 22819  |                              |   |                              |       |       |       |  |
| 22830  |                              |   |                              |       |       |       |  |
| 22849  |                              |   |                              |       |       |       |  |
| 22850  |                              |   |                              |       |       |       |  |
| 22852  |                              |   |                              |       |       |       |  |
| 22855  |                              |   |                              |       |       |       |  |
| 22856  |                              |   |                              |       |       |       |  |
| 22861  |                              |   |                              |       |       |       |  |
| 22864  |                              |   |                              |       |       |       |  |
| 22865  |                              |   |                              |       |       |       |  |
| 22899  |                              |   |                              |       |       |       |  |
| 63001  |                              |   |                              |       |       |       |  |
| 63003  |                              |   |                              |       |       |       |  |
| 63005  |                              |   |                              |       |       |       |  |
| 63011  |                              |   |                              |       |       |       |  |
| 63012  |                              |   |                              |       |       |       |  |
| 63015  |                              |   |                              |       |       |       |  |
| 63016  |                              |   |                              |       |       |       |  |
| 63017  |                              |   |                              |       |       |       |  |
| 63020  |                              |   |                              |       |       |       |  |
| 63030  |                              |   |                              |       |       |       |  |
| 63040  |                              |   |                              |       |       |       |  |
| 63042  |                              |   |                              |       |       |       |  |
| 63045  |                              |   |                              |       |       |       |  |
| 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  |                              |   |                              |       |       |       |  |

| Procedures and services   | Additional information       | CPT® or HCPCS codes and how to obtain prior authorization |                              |  |       |
|---|------------------------------|---|------------------------------|--|-------|
| <b>Stimulators</b><br>Implantation of a device that sends electrical impulses   | Prior authorization required | <b>Bone growth stimulator</b>                             |                              |  |       |
|   |                              | E0747   | E0748                        | E0749  | E0760 |
|   |                              | <b>Neurostimulator</b>                                    |                              |  |       |
|   |                              | 43648   | 43881                        | 43882  | 61863 |
|   |                              | 61864   | 61867                        | 61868  | 61885 |
|   |                              | 61886   | 63650                        | 63655  | 63685 |
|   |                              | 64553   | 64555                        | 64568  | 64570 |
|   |                              | 64590   | L8680                        | L8682  | L8685 |
|   |                              | L8686   | L8687                        | L8688  |       |
|   |                              | <b>Transplants</b>  | Prior authorization required | For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card. |       |
| 32850   | 32851                        |   |                              | 32852  | 32853 |
| 32854   | 32855                        |   |                              | 32856  | 33930 |
| 33933   | 33935                        |   |                              | 33940  | 33944 |
| 33945   | 38208                        |   |                              | 38209  | 38210 |
| 38212   | 38213                        |   |                              | 38214  | 38215 |
| 38232*  | 38240                        |   |                              | 38241  | 38242 |
| 44132   | 44133                        |   |                              | 44135  | 44136 |
| 44137   | 44715                        |   |                              | 44720  | 44721 |
| 47133   | 47135                        |   |                              | 47140  | 47141 |
| 47142   | 47143                        |   |                              | 47144  | 47145 |
| 47146   | 47147                        |   |                              | 48551  | 48552 |
| 48554   | 50300                        |   |                              | 50320  | 50323 |
| 50325   | 50340                        |   |                              | 50360  | 50365 |
| 50370   |                              |   |                              | 50547  | S2060 |
| S2061   | S2152                        |   |                              |  |       |
| <b>CAR T-Cell Therapy</b>   |                              |   |                              |  |       |
| 0537T   | 0538T                        |   |                              | 0539T  | 0540T |
| Q2041   | Q2042                        |   |                              | Q2053  | Q2054 |
| Q2055   | Q2056                        |   |                              |  |       |
| <b>Gene Therapy</b>   |                              |   |                              |  |       |
| C9399***  | J3490***                     |   |                              | J3590***   |       |
| *Code 38232 will only require prior authorization for an oncology diagnosis.<br>*** Spevigo™ and Zynteglo® will require prior authorization through Optum Transplant          |                              |   |                              |  |       |
| <b>Vein procedures</b><br>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 | 36468   | 36473                        | 36475  | 36478 |
|   |                              | 37700   | 37718                        | 37722  | 37765 |
|   |                              | 37766   | 37780                        |  |       |
|   |                              |   |                              |  |       |

| Procedures and services   | Additional information       | CPT® or HCPCS codes and how to obtain prior authorization   |                         |                         |                         |
|---|------------------------------|---|-------------------------|-------------------------|-------------------------|
| <b>Ventricular assist devices (VAD)</b><br>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 ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at <b>855-282-8929</b><br><br>33927<br>33976<br>33983 | 33928<br>33979<br>Q0507 | 33929<br>33981<br>Q0508 | 33975<br>33982<br>Q0509 |
| <b>Wound vac</b>  | Prior authorization required | E2402   |                         |                         |                         |