

# Prior Authorization Requirements for Mississippi – Mississippi Coordinated Access Network (MississippiCAN) Effective July 1, 2020

## General Information

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

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to [UHCprovider.com](http://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:** 866-604-3267
- **Fax:** 888-310-6858

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

| Procedures and Services  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |       |       |       |
|--|---|--|-------|-------|-------|
| <b>Behavioral health services</b>  | Prior authorization required<br><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="http://providerexpress.com">providerexpress.com</a> > Guidelines/Policies & Manuals > State-Specific Manuals and Addendums > MS CAN Manual | 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.  |       |       |       |
| <b>Bone growth stimulator</b><br>Electronic stimulation or ultrasound to heal fractures                        | Prior authorization required  | 20975  | 20979 |       |       |
| <b>BRCA genetic testing</b>  | Prior authorization required  | 81162  | 81163 | 81164 | 81432 |
|  |   | 81433  |       |       |       |
| <b>Breast reconstruction (non-mastectomy)</b><br>Reconstruction of the breast except when following mastectomy | Prior authorization required  | 19318  | 19328 | 19330 | 19340 |
|  |   | 19342  | 19350 | 19357 | 19361 |
|  |   | 19364  | 19366 | 19367 | 19368 |
|  |   | 19369  | 19370 | 19371 | 19380 |
|  |   | L8600  |       |       |       |
| <b>Cancer supportive care</b>  | Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis  | <b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b><br><b>Filgrastim (Neupogen®)</b><br>J1442<br><b>Filgrastim-aafi (Nivestym™)</b><br>Q5110<br><b>Filgrastim-sndz (Zarxio®)</b><br>Q5101<br><b>Pegfilgrastim (Neulasta®)</b><br>J2505<br><b>Pegfilgrastim-bmez (Ziextenzo®)</b><br>Q5120 |       |       |       |

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| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |                        |                        |                        |
|---|--|---|------------------------|------------------------|------------------------|
| <b>Cancer supportive care (continued)</b>   |  | <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b><br/>Q5111</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b><br/>Q5108</p> <p><b>Sargramostim (Leukine®)</b><br/>J2820</p> <p><b>Tbo-filgrastim (Granix®)</b><br/>J1447</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b><br/>J0897</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> 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 <b>888-397-8129</b>.</p>   |                        |                        |                        |
| <b>Cardiology</b>   | <p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p> | <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/MScommunityplan">UHCprovider.com/MScommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program.</p>  |                        |                        |                        |
| <b>Chemotherapy</b>   | <p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p>   | <p><b>Injectable chemotherapy drugs that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642)</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 Link. Go to <b>UHCprovider.com</b> 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 <b>888-397-8129</b>.</p> |                        |                        |                        |
| <b>Circumcision</b>   | <p>Prior authorization required</p>  | <p>54161</p>  |                        |                        |                        |
| <p><b>Cochlear implants and other auditory implants</b><br/>A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech</p> | <p>Prior authorization required</p>  | <p>69714<br/>L8614<br/>L8692</p>  | <p>69715<br/>L8619</p> | <p>69718<br/>L8690</p> | <p>69930<br/>L8691</p> |

| Procedures and Services  | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|--|--|-------|-------|-------|
| <b>Cosmetic and reconstructive</b>   | 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 |
|  |  | 21137  | 21138 | 21139 | 21172 |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function                                |  | 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 |
| <b>Durable medical equipment (DME)</b>   | Prior authorization required only for DME codes listed with a billed amount or cumulative rental cost of more than \$500 – outpatient only | A9280  | A9900 | E0194 | E0265 |
|  |  | E0266  | E0270 | E0277 | E0300 |
|  |  | E0328  | E0329 | E0445 | E0457 |
|  | Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>  | E0460  | E0465 | E0466 | E0470 |
|  |  | E0471  | E0483 | E0486 | E0620 |
|  |  | E0636  | E0637 | E0652 | E0656 |
|  |  | E0669  | E0670 | E0675 | E0693 |
|  |  | E0694  | E0700 | E0710 | E0745 |
|  |  | E0762  | E0764 | E0784 | E0787 |
|  |  | E0984  | E0986 | E1002 | E1003 |
|  |  | E1004  | E1005 | E1006 | E1007 |
|  |  | E1008  | E1009 | E1010 | E1030 |
|  |  | E1035  | E1036 | E1130 | E1161 |
|  |  | E1220  | E1229 | E1231 | E1232 |
|  |  | E1233  | E1234 | E1235 | E1236 |
|  |  | E1237  | E1238 | E1239 | E1825 |
|  |  | 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 | K0005 | K0008 |
|  |  | K0013  | K0108 | K0812 | K0830 |
|  |  | K0831  | K0848 | K0849 | K0850 |
|  |  | K0851  | K0852 | K0853 | K0854 |
|  |  | K0855  | K0856 | K0857 | K0858 |
|  |  | K0859  | K0860 | K0861 | K0862 |
|  |  | K0863  | K0864 | K0868 | K0869 |
|  |  | K0870  | K0871 | K0877 | K0878 |
|  |  | K0879  | K0880 | K0884 | K0885 |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization                                    |       |       |       |
|---|--|---|-------|-------|-------|
| <b>Durable medical equipment (DME) (continued)</b>  |  | K0886   | K0890 | K0891 | S1040 |
|   |  | T5999   | V5281 | V5282 | V5283 |
|   |  | V5286   | V5287 | V5288 | V5290 |
| <b>Elective/planned inpatient admissions</b>  | Prior authorization required at least 5 business days prior to non-urgent and/or outpatient services   |   |       |       |       |
| <b>Emergent/urgent inpatient admissions</b>   | Prior authorization not required for urgent or emergent inpatient admissions – however, notification of admissions required within 24 hours  |   |       |       |       |
| <b>Enteral and parenteral services</b><br>In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required   | B4034   | B4035 | B4036 | B9002 |
|   | Some enteral and parenteral products are priced as point-sale-items through pharmacy benefits, and are dispensed through a retail pharmacy under contract with OptumRx. You can find a list of these products at <a href="https://www.ms.gov/medicaid">medicaid.ms.gov</a> > Providers > Pharmacy > Mississippi Preferred Drug List (PDL).   | B9998   | B9999 |       |       |
| <b>Expanded early and periodic screening, diagnostic and treatment (EPSDT)</b>                                      | Prior authorization required for non-covered codes for members younger than age 21<br><br>For more information, please review the Administrative Code: Part 200 at <a href="https://www.ms.gov/medicaid">medicaid.ms.gov</a> > Providers > Administrative Code > Administrative Code Parts > Part 200: General Provider Information > Chapter 2: Benefits > Rule 2.2 Non-Covered Services. |   |       |       |       |
| <b>Experimental and investigational (and/or linked services)</b>  | Prior authorization required   | 33477   | 36514 | 55866 | 64722 |
|   |  | 66180   | A6000 | A9274 | E0231 |
|   |  | E1831   |       |       |       |
|   |  | Effective <b>Aug. 1, 2020</b> the following code will also require prior authorization<br>A4226 |       |       |       |
| <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>Hearing aids</b>   | Prior authorization is required  | 92591   | 92595 | V5010 | V5014 |
|   |  | V5030   | V5040 | V5050 | V5060 |
|   |  | V5100   | V5120 | V5254 | V5255 |
|   |  | V5256   | V5257 | V5258 | V5259 |
|   |  | V5260   | V5261 |       |       |
| <b>Home health care</b>   | Prior authorization required only in outpatient settings, to include patient's home  | S9123   | S9124 |       |       |
| <b>Hospice</b>  | Prior authorization required   | T2042   | T2043 | T2044 | T2045 |
| <b>Injectable medications</b>   | Prior authorization required   | <b>Actemra®</b><br>J3262<br><b>Acthar®</b>  |       |       |       |

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

**Injectable medications  
(continued)**

|  |  |  |       |       |       |
|--|--|--|-------|-------|-------|
|  |  | J0800  |       |       |       |
|  |  | <b>Adakveo®</b>                              |       |       |       |
|  |  | J0791  |       |       |       |
|  |  | <b>Avsola™</b>                               |       |       |       |
|  |  | Q5121  |       |       |       |
|  |  | <b>Benlysta</b>                              |       |       |       |
|  |  | J0490  |       |       |       |
|  |  | <b>Botulinum toxins</b>                      |       |       |       |
|  |  | J0585  | J0586 | J0587 | J0588 |
|  |  | <b>Brineura™</b>                             |       |       |       |
|  |  | J0567  |       |       |       |
|  |  | <b>Cerezyme®</b>                             |       |       |       |
|  |  | J1786  |       |       |       |
|  |  | <b>Cinqair®</b>                              |       |       |       |
|  |  | J2786  |       |       |       |
|  |  | <b>Crysvita®</b>                             |       |       |       |
|  |  | J0584  |       |       |       |
|  |  | <b>Elelyso®</b>                              |       |       |       |
|  |  | J3060  |       |       |       |
|  |  | <b>Entyvio®</b>                              |       |       |       |
|  |  | J3380  |       |       |       |
|  |  | <b>Erythropoiesis Stimulating Agents****</b> |       |       |       |
|  |  | J0885  |       |       |       |
|  |  | <b>Evenity™</b>                              |       |       |       |
|  |  | J3111  |       |       |       |
|  |  | <b>Exondys 51™</b>                           |       |       |       |
|  |  | J1428  |       |       |       |
|  |  | <b>Fasenra™</b>                              |       |       |       |
|  |  | J0517  |       |       |       |
|  |  | <b>Feraheme®</b>                             |       |       |       |
|  |  | Q0138  |       |       |       |
|  |  | <b>Gamifant®</b>                             |       |       |       |
|  |  | J9210  |       |       |       |
|  |  | <b>Givlaari®</b>                             |       |       |       |
|  |  | J0223  |       |       |       |
|  |  | <b>Ilaris®</b>                               |       |       |       |
|  |  | J0638  |       |       |       |
|  |  | <b>Ilumya™</b>                               |       |       |       |
|  |  | J3245  |       |       |       |
|  |  | <b>Inflectra®</b>                            |       |       |       |
|  |  | Q5103  |       |       |       |
|  |  | <b>Injectafer®</b>                           |       |       |       |
|  |  | J1439  |       |       |       |
|  |  | <b>IVIG</b>                                  |       |       |       |
|  |  | J1459  | J1555 | J1556 | J1557 |
|  |  | J1559  | J1561 | J1566 | J1568 |

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

|                                       |                        |       |       |       |       |
|---------------------------------------|------------------------|-------|-------|-------|-------|
| Injectable medications<br>(continued) |                        | J1569 | J1572 | J1575 | J1599 |
|                                       | <b>Lemtrada®</b>       |       |       |       |       |
|                                       | J0202                  |       |       |       |       |
|                                       | <b>Luxturna™</b>       |       |       |       |       |
|                                       | J3398                  |       |       |       |       |
|                                       | <b>Nucala®</b>         |       |       |       |       |
|                                       | J2182                  |       |       |       |       |
|                                       | <b>Ocrevus™</b>        |       |       |       |       |
|                                       | J2350                  |       |       |       |       |
|                                       | <b>Onpattro™</b>       |       |       |       |       |
|                                       | J0222                  |       |       |       |       |
|                                       | <b>Orencia®</b>        |       |       |       |       |
|                                       | J0129                  |       |       |       |       |
|                                       | <b>Parsabiv™</b>       |       |       |       |       |
|                                       | J0606                  |       |       |       |       |
|                                       | <b>Probuphine®</b>     |       |       |       |       |
|                                       | J0570                  |       |       |       |       |
|                                       | <b>Radicava®</b>       |       |       |       |       |
|                                       | J1301                  |       |       |       |       |
|                                       | <b>Reblozyl®</b>       |       |       |       |       |
|                                       | J0896                  |       |       |       |       |
|                                       | <b>Remicade®</b>       |       |       |       |       |
|                                       | J1745                  |       |       |       |       |
|                                       | <b>Renflexis®</b>      |       |       |       |       |
|                                       | Q5104                  |       |       |       |       |
|                                       | <b>Rituxan®</b>        |       |       |       |       |
|                                       | J9312                  |       |       |       |       |
|                                       | <b>Rituxan Hycela®</b> |       |       |       |       |
|                                       | J9311                  |       |       |       |       |
|                                       | <b>Ruxience®</b>       |       |       |       |       |
|                                       | Q5119                  |       |       |       |       |
|                                       | <b>Simponi Aria®</b>   |       |       |       |       |
|                                       | J1602                  |       |       |       |       |
| <b>Sodium Hyaluronate</b>             |                        |       |       |       |       |
| J7320                                 | J7321                  | J7322 | J7324 |       |       |
| J7325                                 | J7326                  | J7327 | J7329 |       |       |
| J7331                                 | J7332                  | J7333 |       |       |       |
| <b>Soliris®</b>                       |                        |       |       |       |       |
| J1300                                 |                        |       |       |       |       |
| <b>Spinraza™</b>                      |                        |       |       |       |       |
| J2326                                 |                        |       |       |       |       |
| <b>Stelara®</b>                       |                        |       |       |       |       |
| J3358                                 |                        |       |       |       |       |
| <b>Sublocade™</b>                     |                        |       |       |       |       |
| Q9991                                 | Q9992                  |       |       |       |       |
| <b>Synagis®*</b>                      |                        |       |       |       |       |
| 90378                                 |                        |       |       |       |       |

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

**Injectable medications (continued)**

**Therapeutic radiopharmaceuticals\*\*\***

A9513      A9590      A9606      A9699

**Trogarzo™**

J1746

**Truxima®**

Q5115

**Ultomiris™**

J1303

**Unclassified codes\*\***

C9399      J3490      J3590

**Vyondys 53®**

J1429

**Xembify®**

J1558

**Xolair®**

J2357

**Zolgensma®**

J3399

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at [UHCprovider.com](http://UHCprovider.com) > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

\*Please obtain prior notification for Synagis through OptumRx prior notifications services at **800-310-6826**.

\*\* For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig® and Spravato™

\*\*\*For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to [UHCprovider.com](http://UHCprovider.com) and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call **888-397-8129**.

\*\*\*\* For code J0885, prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis.

|  |                              |       |       |       |       |
|--|------------------------------|-------|-------|-------|-------|
| <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 |       |       |
|  |                              |       |       |       |       |

**Non-emergent air ambulance transport**

Prior authorization required

A0430      A0431      A0435      A0436

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|--|--|-------|-------|-------|
| <b>Orthognathic surgery</b><br>Treatment of maxillofacial/jaw functional impairment | Prior authorization required   | 21121  | 21123 | 21125 | 21127 |
|   |  | 21142  | 21143 | 21145 | 21146 |
|   |  | 21147  | 21150 | 21151 | 21154 |
|   |  | 21155  | 21159 | 21160 | 21188 |
|   |  | 21193  | 21194 | 21195 | 21196 |
|   |  | 21198  | 21199 | 21206 | 21208 |
|   |  | 21209  | 21210 | 21215 | 21240 |
|   |  | 21242  | 21244 | 21245 | 21246 |
|   |  | 21247  | 21248 | 21249 | 21255 |
|   |  | 21296  | 21299 |       |       |
| <b>Orthotics and prosthetics</b>  | Prior authorization required only for orthotics and prosthetic codes listed, with a retail purchase or cumulative rental cost of more than \$500 | L0112  | L0170 | L0456 | L0462 |
|   |  | L0464  | L0480 | L0482 | L0484 |
|   |  | L0486  | L0624 | L0629 | L0631 |
|   |  | L0632  | L0634 | L0636 | L0637 |
|   |  | L0638  | L0640 | L0700 | L0710 |
|   |  | L0810  | L0820 | L0830 | L0859 |
|   |  | L1000  | L1005 | L1200 | L1300 |
|   |  | L1310  | L1499 | L1680 | L1685 |
|   |  | L1700  | L1710 | L1720 | L1730 |
|   |  | L1755  | L1820 | L1832 | L1834 |
|   |  | L1840  | L1844 | L1845 | L1846 |
|   |  | L1860  | L1945 | L1950 | L1970 |
|   |  | L2000  | L2005 | L2010 | L2020 |
|   |  | L2030  | L2034 | L2036 | L2037 |
|   |  | L2038  | L2060 | L2106 | L2108 |
|   |  | L2126  | L2136 | L2350 | L2510 |
|   |  | L2526  | L2627 | L2628 | L3230 |
|   |  | L3265  | L3649 | L3671 | L3674 |
|   |  | L3720  | L3730 | L3740 | L3763 |
|   |  | L3764  | L3900 | L3901 | L3904 |
|   |  | L3905  | L3961 | L3971 | L3975 |
|   |  | L3976  | L3977 | L3999 | L4000 |
|   |  | L4010  | L4020 | L4631 | L5010 |
|   |  | 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 |       |       |



| Procedures and Services                      | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |  |
|--|---|--|-------|-------|-------|--|
| <b>Orthotics and prosthetics (continued)</b> |   | L5673  | L5682 | L5683 | L5700 |  |
|  |   | L5702  | L5703 | L5705 | L5706 |  |
|  |   | L5716  | L5718 | L5722 | L5724 |  |
|  |   | L5726  | L5728 | L5780 | L5790 |  |
|  |   | L5795  | L5811 | L5812 | L5814 |  |
|  |   | L5816  | L5818 | L5822 | L5824 |  |
|  |   | L5826  | L5828 | L5830 | L5845 |  |
|  |   | L5848  | L5857 | L5858 | L5930 |  |
|  |   | L5950  | L5960 | L5961 | L5962 |  |
|  |   | L5964  | L5966 | L5968 | L5973 |  |
|  |   | L5976  | L5979 | L5980 | L5981 |  |
|  |   | L5982  | L5984 | L5986 | L5987 |  |
|  |   | L5988  | L5990 | L5999 | L6000 |  |
|  |   | L6010  | L6020 | L6050 | L6055 |  |
|  |   | L6100  | L6110 | L6120 | L6130 |  |
|  |   | L6200  | L6205 | L6250 | L6300 |  |
|  |   | L6310  | L6320 | L6350 | L6360 |  |
|  |   | L6370  | L6380 | L6382 | L6384 |  |
|  |   | L6400  | L6450 | L6500 | L6550 |  |
|  |   | L6570  | L6580 | L6582 | L6584 |  |
|  |   | L6586  | L6588 | L6590 | L6621 |  |
|  |   | L6623  | L6624 | L6646 | L6648 |  |
|  |   | L6686  | L6687 | L6689 | L6690 |  |
|  |   | L6692  | L6693 | L6694 | L6695 |  |
|  |   | L6696  | L6697 | L6704 | L6707 |  |
|  |   | L6708  | L6709 | L6711 | L6712 |  |
|  |   | L6713  | L6714 | L6715 | L6880 |  |
|  |   | L6881  | L6882 | L6883 | L6884 |  |
|  |   | L6885  | L6895 | L6900 | L6905 |  |
|  |   | L6910  | L6915 | L6920 | L6925 |  |
|  |   | 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>Out-of-network services</b><br>A referral to a health care provider not contracted with UnitedHealthcare | All out-of-network services require prior authorization      |       |       |       |  |
|  | <b>Outpatient therapies: Speech</b>   | Prior authorization required                                 | 92507 |       |       |  |
|  | <b>Prescribed pediatric extended care (PPEC)</b>  | Prior authorization required                                 | T1025 | T1026 |       |  |

| Procedures and Services   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |       |       |       |
|---|---|---|-------|-------|-------|
| <b>Private duty nursing</b>   | Prior authorization required – when submitting, please use the HCFA1500 form to avoid claim reprocessing.   | S9123   | S9124 | T1002 |       |
| <b>Proton beam therapy</b><br>Focused radiation therapy using beams of protons, which are tiny particles with a positive charge | Prior authorization required  | 77520   | 77522 | 77523 | 77525 |
| <b>Radiology</b>  | <p>Prior authorization required for participating physicians who request these 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 Link. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/MSccommunityplan</b> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</p>   |       |       |       |
| <b>Rhinoplasty</b><br>Treating 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 required if performed at a participating Ambulatory Surgery Center (ASC)</p>  | <p><b>Auditory System</b></p> <p>69205</p> <p><b>Cardiovascular System</b></p> <p>36590      36832</p> <p><b>Carpal Tunnel Surgery</b></p> <p>64721</p> <p><b>Cataract Surgery</b></p> <p>66821      66982      66984</p> <p><b>Colonoscopy</b></p> <p>45378      45380      45384      45385</p> <p><b>Cosmetic &amp; Reconstructive</b></p> <p>13101      13132      14040      14060</p> <p>14301      21552      21931</p> <p><b>Digestive System</b></p> <p>42415      42440      43200      43236</p> <p>43237      43238      43242      43245</p> <p>43246      43247      43248      43251</p> <p>43254      43255      43259      44360</p> <p>44361      45171      45334      45335</p> <p>45381      45390      45990      46020</p> <p>46040      46050      46200      46220</p> <p>46221      46250      46255      46261</p> <p>46270      46275      46288      46505</p> |       |       |       |

| Procedures and Services                                 | Additional Information             | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|------------------------------------|--|-------|-------|-------|
| Site of service (SOS) – Outpatient hospital (continued) |                                    | 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  | 49585 | 49587 | 49650 |
|   |                                    | 49651  | 49652 | 49653 | 49654 |
|   |                                    | 49655  |       |       |       |
|   | <b>Integumentary System</b>        |  |       |       |       |
|   |                                    | 10121  | 11440 | 11450 | 11624 |
|   |                                    | 11770  | 13121 | 15100 | 15120 |
|   |                                    | 15240  | 19020 | 19120 | 19125 |
|   | Liver Biopsy                       |  |       |       |       |
|   |                                    | 47000  |       |       |       |
|   | <b>Male Genital System</b>         |  |       |       |       |
|   |                                    | 54840  |       |       |       |
|   | <b>Miscellaneous</b>               |  |       |       |       |
|   |                                    | 20680  |       |       |       |
|   | <b>Musculoskeletal System</b>      |  |       |       |       |
|   |                                    | 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 |

| Procedures and Services   | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|------------------------------|--|-------|-------|-------|
| <b>Site of service (SOS) – Outpatient hospital (continued)</b>  |                              | 29823  | 29824 | 29825 | 29826 |
|   |                              | 29827  | 29828 | 29835 | 29840 |
|   |                              | 29845  | 29846 | 29848 | 29861 |
|   |                              | 29875  | 29876 | 29877 | 29879 |
|   |                              | 29880  | 29881 | 29882 | 29888 |
|   |                              | 29893  |       |       |       |
|   |                              | <b>Nervous System</b>  |       |       |       |
|   |                              | 64561  | 64640 |       |       |
|   |                              | <b>Ophthalmologic</b>  |       |       |       |
|   |                              | 65426  | 65730 | 65855 | 66170 |
|   |                              | 66761  | 67028 | 67036 | 67040 |
|   |                              | 67228  | 67311 | 67312 |       |
|   |                              | <b>Respiratory System</b>                                    |       |       |       |
|   |                              | 30802  | 30930 | 31525 | 31535 |
|   |                              | 31536  | 31541 | 31624 |       |
|   |                              | <b>Tonsillectomy &amp; Adenoidectomy</b>                     |       |       |       |
|   |                              | 42820  | 42821 | 42825 | 42826 |
|   |                              | 42830  |       |       |       |
|   |                              | <b>Upper Gastrointestinal Endoscopy</b>                      |       |       |       |
|   | 43235                        | 43239  | 43249 |       |       |
|   | <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 | 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  | 22899 | 63001 | 63003 |

| Procedures and Services   | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |                               |       |       |
|---|------------------------------|--|-------------------------------|-------|-------|
| <b>Spinal surgery (continued)</b>   |                              | 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                         | 0164T |       |
| <b>Stimulators</b>  | Prior authorization required |  | <b>Bone growth stimulator</b> |       |       |
| Implantation of a device that sends electrical impulses   |                              | E0747  | E0748                         | E0749 | E0760 |
|   |                              |  | <b>Neurostimulator</b>        |       |       |
|   |                              | 61863  | 61864                         | 61867 | 61868 |
|   |                              | 61885  | 61886                         | 63650 | 63655 |
|   |                              | 63685  | 64553                         | 64555 | 64568 |
|   |                              | 64570  | L8682                         | L8685 | L8686 |
|   |                              | L8687  | L8688                         |       |       |
| <b>Transplants</b>  | 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 <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card. |                               |       |       |
|   |                              | 32851  | 32852                         | 32853 | 32854 |
|   |                              | 33935  | 33945                         | 38240 | 38241 |
|   |                              | 44135  | 44136                         | 44137 | 47135 |
|   |                              | 50300  | 50320                         | 50340 | 50360 |
|   |                              | 50365  | 50370                         | 50380 | 50547 |
|   |                              | <b>CAR T-Cell therapy</b>  |                               |       |       |
|   |                              | 0537T  | 0538T                         | 0539T | 0540T |
|   |                              | Q2041  | Q2042                         |       |       |
| <b>Vein procedures</b>  | Prior authorization required | 36473  | 36475                         | 36478 | 37700 |
| Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities |                              | 37718  | 37722                         | 37780 |       |
|   |                              |  |                               |       |       |
| <b>Ventricular assist devices (VAD)</b>   | 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 <b>855-282-8929</b> .   |                               |       |       |
| A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.                                |                              | 33927  | 33928                         | 33929 | 33975 |
|   |                              | 33976  | 33979                         | 33981 | 33982 |
|   |                              | 33983  |                               |       |       |

| Procedures and Services | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|-------------------------|------------------------------|--|
| Wound vac               | Prior authorization required | E2402  |