

# Prior Authorization Requirements for Mississippi Children's Health Insurance Program Effective Sept. 1, 2021

## 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 Link. Go to [UHCprovider.com](https://UHCprovider.com) and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile 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>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Behavioral health services</b> Behavioral health services through a designated behavioral health network	Prior authorization required Our benefit plans provide coverage for behavioral health services through <a href="#">Optum Behavioral Health</a> network.  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. For ABA Therapy, submit via fax or Provider Express			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>BRCA genetic testing</b>	Prior authorization required	81162 81166 81433	81163 81212	81164 81216	81165 81432
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600	19328 19350 19367 19371

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer supportive care	<p>Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.</p>	<p><b>Injectable colony-stimulating factor drugs that require prior authorization:</b></p> <p><b>Filgrastim (Neupogen®)</b> J1442</p> <p><b>Filgrastim-aafi (Nivestym™)</b> Q5110</p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2505</p> <p><b>Pegfilgrastim-apgf (Nyvepria™)</b> Q5122</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108</p> <p>Sargramostim (Leukine®) J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447</p> <p><b><u>Anti-emetic Drugs that require prior authorization:</u></b></p> <p><b>Akynzeo® (palonosetron/fosnetupitant)</b> J1454</p> <p><b>Aloxi® (palonosetron)</b> J2469</p> <p><b>Cinvanti™ (aprepitant)</b> J0185</p> <p><b>Emend® (fosaprepitant)</b> J1453</p> <p><b>Sustol® (granisetron extended release)</b> J1627</p> <p><b>Bone-modifying agent that requires prior authorization:</b></p> <p><b>Denosumab (Xgeva®)</b> J0897</p>
Cardiology	<p>Prior authorization is required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance.</p> <p>Prior authorization is required for participating</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 tile 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/MScommunityplan &gt;</b></p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiology (continued)</b>	physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance	Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.			
<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	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000-J9999), Leucovorin (J0640) and Levoleucovorin (J0641, J0642), Lupron Depot (J1950)</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> 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 tile on your Link dashboard. Or call <b>888-397-8129</b> .			
<b>Cochlear and other auditory implants</b>	Prior authorization required	69710	69714	69715	69718
A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech		69930	L8614	L8619	L8690
		L8691	L8692		
<b>Cosmetic and reconstructive</b>	Prior authorization required	11960	11971	14020	14021
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		14041	14061	15820	15821
		15822	15823	15830	15847
		15877	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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		
<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	A6549	A9279	A9280	A9900
		E0194	E0265	E0266	E0270

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (continued)</b>	more than \$500.	E0277	E0300	E0328	E0329
	Prosthetics are not DME – See Orthotics and prosthetics.	E0445	E0457	E0460	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	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	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,		B4102	B4103	B4104	B4149
either enteral or through a		B4150	B4152	B4153	B4155
gastrostomy tube		B4158	B4159	B4160	B4161
		B9002	B9998	B9999	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<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>Hearing aid services</b>	Prior authorization required	92590	92591	92592	92593
		92594	92595	S0618	V5010
		V5011	V5014	V5030	V5040
		V5050	V5060	V5095	V5100
		V5120	V5170	V5180	V5190
		V5220	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		
		<b>Home health care</b>	Prior authorization is required only in outpatient settings, to include member's home.	G0299 S9474	G0300
<b>Hospice</b>	Prior authorization required	T2042	T2043	T2044	T2045
<b>Hysterectomy</b>	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			
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0800			
		<b>Adakveo®</b>			
J0791					
	<b>Avsola™</b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Q5121				
	<b>Benlysta</b>				
	J0490				
	<b>Beriner<sup>®</sup></b>				
	J0597				
	<b>Botulinum toxins</b>				
	J0585	J0586	J0587	J0588	
	<b>Brineura<sup>™</sup></b>				
	J0567				
	<b>Cerezyme<sup>®</sup></b>				
	J1786				
	<b>Cimzia<sup>®*</sup></b>				
	J0717				
	<b>Cinqair<sup>®</sup></b>				
	J2786				
	<b>Cinryze<sup>®</sup></b>				
	J0598				
	<b>Cryvista<sup>®</sup></b>				
	J0584				
	<b>Ellyso<sup>®</sup></b>				
	J3060				
	<b>Entyvio<sup>®</sup></b>				
	J3380				
	<b>Erythropoiesis Stimulating Agents****</b>				
	J0885				
	<b>Evenity<sup>™</sup></b>				
	J3111				
	<b>Exondys 51<sup>™</sup></b>				
	J1428				
	<b>Fasenra<sup>™</sup></b>				
	J0517				
	<b>Feraheme<sup>®</sup></b>				
	Q0138				
<b>Firmagon<sup>®</sup></b>					
J9155					
<b>Gamifant<sup>®</sup></b>					
J9210					
<b>Givlaari<sup>®</sup></b>					
J0223					
<b>Ilaris<sup>®</sup></b>					
J0638					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)	<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>Krystexxa®</b>			
	J2507			
	<b>Lemtrada®</b>			
	J0202			
	<b>Lupron Depot®</b>			
	J1950			
	<b>Lupron Depot, Eligard®</b>			
	J9217			
	<b>Luxturna™</b>			
	J3398			
	<b>Monoferric®</b>			
	J1437			
	<b>Nplate®</b>			
	J2796			
	<b>Nucala®</b>			
	J2182			
	<b>Ocrevus™</b>			
	J2350			
	<b>Octreotide Acetate</b>			
	J2354			
<b>Onpattro™</b>				
J0222				
<b>Orencia®</b>				
J0129				
<b>Oxlumo™</b>				
J0224				
<b>Parsabiv™</b>				
J0606				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<b>Probuphine®</b>				
	J0570				
	<b>Radicava®</b>				
	J1301				
	<b>Reblozyl®</b>				
	J0896				
	<b>Remicade®</b>				
	J1745				
	<b>Renflexis®</b>				
	Q5104				
	<b>Riabni™</b>				
	Q5123				
	<b>Rituxan®</b>				
	J9312				
	<b>Rituxan Hycela®</b>				
	J9311				
	<b>Ruconest®</b>				
	J0596				
	<b>Ruxience®</b>				
	Q5119				
	<b>Sandostatin® LAR</b>				
	J2353				
	<b>Scenesse®</b>				
	J7352				
	<b>Signifor® LAR</b>				
	J2502				
	<b>Simponi Aria®</b>				
	J1602				
	<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>Stelara®</b>					



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J3358				
	<b>Sublocade™</b>				
	Q9991		Q9992		
	<b>Supprelin® LA</b>				
	J9226				
	<b>Synagis®*</b>				
	90378				
	<b>Tepezza®</b>				
	J3241				
	<b>Therapeutic radiopharmaceuticals***</b>				
	A9513		A9590	A9606	A9699
	<b>Trelstar®</b>				
	J3315				
	<b>Triptodur®</b>				
	J3316				
	<b>Trogarzo™</b>				
	<b>J1746</b>				
	<b>Truxima®</b>				
	Q5115				
	<b>Ultomiris™</b>				
	J1303				
	<b>Unclassified and temporary codes**</b>				
	C9075		C9399	J3490	J3590
	<b>Uplizna®</b>				
	J1823				
	<b>Vantas™</b>				
	J9225				
	<b>Viltepso™</b>				
	J1427				
	<b>Vyepti™</b>				
	J3032				
	<b>Vyondys 53®</b>				
	J1429				
	<b>Xembify®</b>				
	J1558				
	<b>Xolair®</b>				
	J2357				
	<b>Zoladex®</b>				
J9202					
<b>Zolgensma®</b>					
J3399					
Please check our <i>Review at Launch for New to Market</i>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>		<p><i>Medications</i> policy for the most up-to-date information on drugs newly approved by the Food &amp; 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 <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>* Please obtain prior notification for Cimzia and Synagis through OptumRx prior notification services at <b>800-310-6826</b>.</p> <p>** For unclassified and temporary codes C9075, C9399, J3490 and J3590, prior authorization is only required for Amondys 45, Cutaquig® and Lupaneta Pack™</p> <p>***For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or call <b>888-397-8129</b>.</p> <p>**** For code J0885, prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for an ESRD diagnosis.</p>			
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 24370 27125 27137 27447 29867	23472 24361 24371 27130 27138 27486 29868	23473 24362 27120 27132 27412 27487 J7330	23474 24363 27122 27134 27446 29866 S2112
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
<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 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Orthotics and prosthetics (continued)		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
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
	L6010	L6020	L6050	L6055	
	L6100	L6110	L6120	L6130	
	L6200	L6205	L6250	L6300	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>		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>Private duty nursing</b>	Prior authorization required	T1000	T1001	T1002	T1003
<b>Proton beam therapy</b> 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 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. 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 tile 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/MScommunityplan</b> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</p>			
<b>Septoplasty and rhinoplasty</b> Treatment of nasal functional impairment and septal	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
deviation					
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – Outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Auditory System</b>			
		69205			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Cardiovascular System</b>			
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (continued)		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
		29823	29824	29825	29826
		29827	29828	29835	29840
		29845	29846	29848	29861
		29875	29876	29877	29879
		29880	29881	29882	29888
		29893	G0260		
		<b>Nervous System</b>			
		64561	64640		
		<b>Ophthalmologic</b>			
	65426	65730	65855	66170	
	66761	67028	67036	67040	
	67228	67311	67312		
	<b>Respiratory System</b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (continued)		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> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Sleep studies</b>	Prior authorization required	95805 95811	95807	95808	95810
<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	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (continued)		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
<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>			
		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	50380	50547	S2060
		S2061	S2152		
		<b>CAR T-Cell Therapy</b>			
		0537T	0538T	0539T	0540T
		C9076**	C9399**	J3490**	J3590**
		J9999**	Q2041	Q2042	Q2053
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		**For unclassified codes C9076, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Vein procedures</b>	Prior authorization required				
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36468	36473	36475	36478
		37700	37718	37722	37765
		37766	37780		
<b>Ventricular assist devices (VAD)</b>	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>			
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	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required	E2402			