

# Prior Authorization Requirements for Mississippi –Mississippi Coordinated Access Network

(MississippiCAN)

Effective Aug. 1, 2021

## 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>	<p>Prior authorization required</p> <p>Our benefit plans provide coverage for behavioral health services through <a href="#">Optum Behavioral Health</a> network.</p> <p>For more information, go to <a href="http://providerexpress.com">providerexpress.com</a>&gt; Guidelines/Policies &amp; Manuals &gt; State-Specific Manuals and Addendums &gt; MS CAN Manual</p>	<p>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.</p> <ul style="list-style-type: none"> <li>• For ABA Therapy, submit via fax or Provider Express</li> </ul>			
<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 81433	81163	81164	81432
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19318 19342 19364 19370	19328 19350 19367 19371	19330 19357 19368 19380	19340 19361 19369 L8600
<b>Cancer supportive care</b>	Prior authorization required	<p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p><b>Filgrastim (Neupogen®)</b> J1442</p> <p><b>Filgrastim-aafi (Nivestym™)</b></p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cancer supportive care (continued)		Q5110 <b>Filgrastim-sndz (Zarxio®)</b> Q5101 <b>Pegfilgrastim (Neulasta®)</b> J2505 <b>Pegfilgrastim-apgf (Nyvepria™)</b> Q5122 <b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120 <b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111 <b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108 <b>Sargramostim (Leukine®)</b> J2820 <b>Tbo-filgrastim (Granix®)</b> J1447 <b>Anti-emetic Drugs that require prior authorization:</b> J0185            J1453            J1454            J1627 J2469            J8501            J8670            J8655 <b>Bone-modifying agent that requires prior authorization:</b> <b>Denosumab (Xgeva®)</b> J0897  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> .			
<b>Cardiology</b>	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance  Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, and stress echoes prior to performance	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> .  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	37220 37226	37221 37227	37224 37228	37225 37229
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy	<b>Injectable chemotherapy drugs that require prior authorization:</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Chemotherapy (continued)</b>	drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), 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>	<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 888-397-8129.</p>			
<b>Circumcision</b>	Prior authorization required	54161				
<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69714 L8614 L8692	69715 L8619	69718 L8690	69930 L8691	
<b>Cosmetic and reconstructive</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960 15822 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924	11971 15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	15820 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	15821 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 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 Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	A9280 E0266 E0328 E0460 E0471 E0636 E0669 E0694 E0762 E0984 E1004	A9900 E0270 E0329 E0465 E0483 E0637 E0670 E0700 E0764 E0986 E1005	E0194 E0277 E0445 E0466 E0486 E0652 E0675 E0710 E0784 E1002 E1006	E0265 E0300 E0457 E0470 E0620 E0656 E0693 E0745 E0787 E1003 E1007	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (continued)</b>		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
	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> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required 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.medicaid.ms.gov">medicaid.ms.gov</a> > Providers > Pharmacy > Mississippi Preferred Drug List (PDL).	B4034	B4035	B4036	B9002
	B9998	B9999			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Expanded early and periodic screening, diagnostic and treatment (EPSDT)</b>	<p>Prior authorization required for non-covered codes for members younger than age 21</p> <p>For more information, please review the Administrative Code: Part 200 at <a href="https://www.medicaid.ms.gov">medicaid.ms.gov</a> &gt; Providers &gt; Administrative Code &gt; Administrative Code Parts &gt; Part 200: General Provider Information &gt; Chapter 2: Benefits &gt; Rule 2.2 Non-Covered Services.</p>				
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477 66180 E0231	36514 A4226 E1831	55866 A6000	64722 A9274
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
<b>Hearing aids</b>	Prior authorization required	92591 V5030 V5100 V5256 V5260	92595 V5040 V5120 V5257 V5261	V5010 V5050 V5254 V5258	V5014 V5060 V5255 V5259
<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> J3262 <b>Acthar®</b> J0800 <b>Adakveo®</b> J0791 <b>Avsola™</b> Q5121 <b>Benlysta</b> J0490 <b>Beriner®</b> J0597 <b>Botulinum toxins</b> J0585	J0586	J0587	J0588

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<b>Brineura™</b>
		J0567
		<b>Cerezyme®</b>
		J1786
		<b>Cimzia®*</b>
		J0717
		<b>Cinqair®</b>
		J2786
		<b>Cinryze®</b>
		J0598
		<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>Firmagon®</b>
		J9155
		<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>	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		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				
	<b>Probuphine®</b>				
	J0570				
	<b>Radicava®</b>				
	J1301				
	<b>Reblozyl®</b>				
	J0896				
	<b>Remicade®</b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	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	J7323	J7324
	J7325	J7326	J7327	J7328	J7329
	J7331	J7332			
	<b>Soliris®</b>				
	J1300				
	<b>Somatuline® Depot</b>				
	J1930				
	<b>Spinraza™</b>				
	J2326				
	<b>Spravato™</b>				
S0013					
<b>Stelara®</b>					
J3358					
<b>Sublocade™</b>					
Q9991	Q9992				
<b>Supprelin® LA</b>					
J9226					
<b>Synagis®*</b>					
90378					



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<b>Tepezza®</b>	J3241			
	<b>Therapeutic radiopharmaceuticals***</b>	A9513	A9590	A9606	A9699
	<b>Trelstar®</b>	J3315			
	<b>Triptodur®</b>	J3316			
	<b>Trogarzo™</b>	J1746			
	<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			
	<p>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 &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination 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> &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</p>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>		<p>OptumRx prior notifications services at <b>800-310-6826</b>.  ** For Unclassified and temporary codes C9075, C9399, J3490 and J3590, prior authorization is only required for Amondys 45, Cutaquig®, and Lupaneta Pack™  ***For prior authorization, please submit requests online by using the Prior Authorization and Notification app 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 app tile on your Link dashboard. Or, call <b>888-397-8129</b>.  **** For code J0885, prior authorization is required for both oncology and non-oncology DX.  Prior authorization is not required for 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	23474 24363 27122 27134 27446 29866
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21142 21147 21155 21193 21198 21209 21242 21247 21296	21123 21143 21150 21159 21194 21199 21210 21244 21248 21299	21125 21145 21151 21160 21195 21206 21215 21245 21249	21127 21146 21154 21188 21196 21208 21240 21246 21255
<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 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1840 L1860 L2000 L2030 L2038	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1820 L1844 L1945 L2005 L2034 L2060	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1832 L1845 L1950 L2010 L2036 L2106	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1834 L1846 L1970 L2020 L2037 L2108

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	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	
	L6310	L6320	L6350	L6360	
	L6370	L6380	L6382	L6384	
	L6400	L6450	L6500	L6550	
L6570	L6580	L6582	L6584		
L6586	L6588	L6590	L6621		
L6623	L6624	L6646	L6648		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>		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> A referral to a health care provider not contracted with UnitedHealthcare	All out-of-network services require prior authorization	T1025	T1026		
<b>Outpatient therapies: Speech</b>	Prior authorization required	92507			
<b>Prescribed pediatric extended care (PPEC)</b>	Prior authorization required				
<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> 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>	Prior authorization required	<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/MScommunityplan</b> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</p>			

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (continued)		<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
		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	

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>		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> 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	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Spinal surgery (continued)</b>		63102	63170	63172	63173	
		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> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>				
		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 Abecma® (Idecaptogene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), 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			
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		
C9076*	C9399*		J3490*	J3590*		
J9999*	Q2041		Q2042	Q2053		
*For unclassified codes C9076, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®						
<b>Vein procedures</b> 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		36473	36475	36478	37700
			37718	37722	37780	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Ventricular assist devices (VAD)</b> 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 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> .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			
<b>Wound vac</b>	Prior authorization required	E2402			