

Prior Authorization Requirements for Mississippi Children's Health Insurance Program Effective Jan. 1, 2023

General Information

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

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.
- **Phone:** 866-604-3267
- **Fax:** 888-310-6858

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health services Behavioral health services through a designated behavioral health network	Prior authorization required Our benefit plans provide coverage for behavioral health services through Optum Behavioral Health network. For more information go to providerexpress.com > Guidelines/Policies & Manuals > State-Specific Manuals and Addendums > MS CAN Manual	For specific codes requiring prior authorization, please call 877-743-8734 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			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600
Cancer supportive care	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents	Injectable colony-stimulating factor drugs that require prior authorization: Filgrastim (Neupogen®)			

**Cancer supportive care
(continued)**

administered in an outpatient setting for a cancer diagnosis.

J1442
Filgrastim-aafi (Nivestym™)
Q5110
Filgrastim-ayow (Releuko®)
Q5125
Filgrastim-sndz (Zarxio®)
Q5101
Pegfilgrastim (Neulasta®)
J2506
Pegfilgrastim-apgf (Nyvepria™)
Q5122
Pegfilgrastim-bmez (Ziextenzo®)
Q5120
Pegfilgrastim-cbqv (UDENYCA™)
Q5111
Pegfilgrastim-jmdb (Fulphila™)
Q5108
Sargramostim (Leukine®)
J2820
Tbo-filgrastim (Granix®)
J1447
Trilaciclib (Cosela™)
J1448
Anti-emetic Drugs that require prior authorization:
Akynzeo® (palonosetron/fosnetupitant)
J1454
Cinvanti™ (aprepitant)
J0185
Emend® (fosaprepitant)
J1453
Sustol® (granisetron extended release)
J1627
Bone-modifying agent that requires prior authorization:
Denosumab (Xgeva®)
J0897

Cardiology

Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms and stress echoes prior to performance

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or call **866-889-8054**.

For more details and the CPT codes that require prior authorization, please visit **UHCprovider.com/MScommunityplan >**

Prior Authorization and Notification Resources >
Cardiology Prior Authorization and Notification Program.

Cardiovascular	Prior authorization required	93580			
Chemotherapy	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"> • Chemotherapy injectable drugs (J9000-J9999), Leucovorin (J0640) and Levoleucovorin (J0641, J0642), Lupron Depot (J1950), Leuprolide (J1952) • Chemotherapy injectable drugs that have a Q code • 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 For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or call 888-397-8129 .			
Cochlear and other auditory implants	Prior authorization required	69710	69714	69930	L8614
A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech		L8619	L8690	L8691	L8692
Cosmetic and reconstructive	Prior authorization required	11960		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
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21275
		21280	21282	21295	21740
		21742	21743	28344	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		
Durable medical equipment (DME)	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.	A6549	A9279	A9280	A9900
		E0194	E0265	E0266	E0270
		E0277	E0300	E0328	E0329
	Prosthetics are not DME – See Orthotics and prosthetics.	E0445	E0457	E0460	E0465
		E0466	E0470	E0471	E0483

Durable medical equipment (continued)		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		
	Enteral and parenteral services	Prior authorization required			
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998	B9999	
Experimental and investigational (and/or linked services)	Prior authorization required				
		36514	55866	64722	65765
		65767	66180	A4226	A4638
		A6000	A9274	E0231	E1831
		S0810	S1030	S1031	S2102
		S9988	S9990	S9991	
Femoroacetabular	Prior authorization required				
		29914	29915	29916	

impingement syndrome (FAI)

Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	

Genetic and molecular testing to include BRCA gene testing	Prior authorization is required for genetic and molecular testing performed in an outpatient setting Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test. Notification/Prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81167	81168	81170
		81171	81172	81173	81174
		81175	81176	81177	81178
		81179	81180	81181	81182
		81183	81184	81185	81186
		81187	81188	81189	81190
		81191	81192	81193	81194
		81200	81201	81203	81204
		81205	81208	81209	81216
		81218	81220	81222	81223
		81224	81225	81226	81227
		81228	81229	81230	81231
		81232	81233	81234	81236
		81237	81238	81239	81240
		81241	81242	81243	81244
		81245	81246	81247	81248
		81249	81250	81251	81252
		81253	81254	81255	81256
		81257	81258	81259	81260
		81261	81262	81263	81264
		81265	81266	81267	81268
		81269	81271	81272	81273
		81274	81276	81277	81278
		81279	81283	81284	81285
		81286	81287	81288	81289
		81290	81291	81292	81294
		81295	81297	81298	81300
		81302	81303	81304	81305
		81306	81307	81309	81310
		81312	81313	81314	81315
		81316	81317	81318	81319
		81320	81321	81322	81323
81324	81325	81326	81327		
81328	81329	81330	81331		
81332	81333	81334	81335		
81336	81337	81338	81339		
81340	81341	81342	81343		
81344	81345	81346	81347		
81348	81350	81351	81352		
81353	81355	81357	81360		

Genetic and molecular testing to include BRCA gene testing (continued)		81361	81362	81363	81364
		81370	81371	81372	81373
		81375	81376	81377	81378
		81379	81380	81381	81382
		81383	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	81419	81420
		81430	81431	81432	81433
		81434	81435	81436	81437
		81438	81439	81440	81442
		81443	81445	81448	81460
		81465	81470	81471	81479
		81507	81518	81519	81520
		81521	81546	81554	81595
		81599	87481	87482	87505
		87506	87507	87510	87511
		87512	87623	87797	87798
		87799	87800	87801	0294U
	0296U	0297U	0298U	0299U	
	0300U	S3870			

Hearing aid services	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		

Home health care	Prior authorization is required only in outpatient settings, to include member's home.	G0299	G0300	S9122	S9123
		S9124	S9474		

Hospice	Prior authorization required	T2042	T2043	T2044	T2045
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Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58290	58291	58292
		58542	58543	58544	58550
		58552	58553	58570	58571
		58572	58573		

Injectable medications	Prior authorization required*	Actemra®			
		J3262			

**Injectable medications
(continued)**

Acthar®
J0800

Adakveo®
J0791

Aldurazyme®
J1931

Amvuttra™
J0225

Amondys 45
J1426

Aralast NP®
J0256

Avsola™
Q5121

Benlysta
J0490

Berinert®
J0597

Botulinum toxins
J0585 J0586 J0587 J0588

Brineura™
J0567

Cabenuva™
J0741

Cerezyme®
J1786

Cimzia®
J0717

Cinqair®
J2786

Cinryze®
J0598

Cryvista®
J0584

Cutaquig
J1551

Elaprase®
J1743

Elelyso®
J3060

Enjaymo™
J1302

Entyvio®
J3380

**Injectable medications
(continued)**

Erythropoiesis Stimulating Agents

J0885

Evenity™

J3111

Evkeeza™

J1305

Exondys 51™

J1428

Fabrazyme®

J0180

Fasenra™

J0517

Feraheme®

Q0138

Fensolvi®

J1951

Firmagon®

J9155

Gamifant®

J9210

Givlaari®

J0223

Glassia®

J0257

Ilaris®

J0638

Ilumya™

J3245

Inflectra®

Q5103

Injectafer®

J1439

IVIG

90283	90284	J1459	J1554
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J1555	J1556	J1557	J1559
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J1561	J1566	J1568	J1569
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J1572	J1575	J1599	
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Kalbitor®

J1290

Kanuma®

J2840

Korsuva®

J0879

**Injectable medications
(continued)**

Krystexxa®
J2507

Lemtrada®
J0202

Lumizyme®
J0221

Lupron Depot®
J1950

Lupron Depot, Eligard®
J9217

Luxturna™
J3398

Mepsevii®
J3397

Monoferric®
J1437

Naglazyme®
J1458

Nexviazyme®
J0219

Nplate®
J2796

Nucala®
J2182

Ocrevus™
J2350

Octreotide Acetate
J2354

Onpattro™
J0222

Orencia®
J0129

Oxlumo™
J0224

Parsabiv™
J0606

Probuphine®
J0570

Prolastin C®
J0256

Prolia® ***
J0897

Radicava®

**Injectable medications
(continued)**

J1301
Reblozyl®
 J0896
Releuko®
 Q5125
Remicade®
 J1745
Renflexis®
 Q5104
Revcovi®
 J3590
Riabni™
 Q5123
Rituxan®
 J9312
Rituxan Hycela®
 J9311
Ruconest®
 J0596
Ruxience®
 Q5119
Ryplazim®
 J2998
Sandostatin® LAR
 J2353
Saphnelo™
 J0491
Scenesse®
 J7352
Signifor® LAR
 J2502
Simponi Aria®
 J1602
Skyrizi®
 J2327
Sodium Hyaluronate
 J7320 J7321 J7322 J7324
 J7325 J7326 J7327 J7329
 J7331 J7332
Soliris®
 J1300
Somatuline® Depot*
 J1930
Spinraza™

**Injectable medications
(continued)**

J2326
Spravato™
S0013
Stelara®
J3358
Sublocade™
Q9991 Q9992
Supprelin® LA
J9226
Synagis®
90378
Tepezza®
J3241
Tezspire™
J2356
Therapeutic radiopharmaceuticals
A9513 A9590 A9606 A9607
A9699
Trelstar®
J3315
Triptodur®
J3316
Trogarzo™
J1746
Truxima®
Q5115
Ultomiris™
J1303
Unclassified and temporary codes**
C9399 J3490 J3590
Uplizna®
J1823
Viltepso™
J1427
Vimizim®
J1322
Vyepti™
J3032
Vyondys 53®
J1429
Xembify®
J1558
Xolair®

**Injectable medications
(continued)**

J2357

Zemaira®

J0256

Zoladex®

J9202

Zolgensma®

J3399

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** For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Nulibry™, Purified Cortrophin™ Gel, Fylnetra®, Spevigo™ and Xenpozyme™

*** For code J0897, prior authorization is required for non oncology diagnosis.

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*. Predetermination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
Orthognathic surgery		21246	21247	21248	21249

(continued)		21255	21296	21299	
Orthotics and prosthetics	Prior authorization is required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5682	L5683	L5700
		L5702	L5703	L5705	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
L5795	L5811	L5812	L5814		
L5816	L5818	L5822	L5824		
L5826	L5828	L5830	L5845		
L5848	L5857	L5858	L5930		

**Orthotics and prosthetics
(continued)**

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

Outpatient therapies: speech Prior authorization required 92507

Pain Injections and Management Prior authorization required 64490 64491 64492 64493
64494 64495

Prostate Procedures Prior authorization required 37243 52441 52442 53850
53852 55873 55874

Private duty nursing Prior authorization required T1000 T1001 T1002 T1003

Radiation Therapy Prior authorization required **IGRT**
77014 77387 G6001 G6002
G6017
IMRT
Intensity-Modulated Radiation Therapy
77385 77386 G6015 G6016
Proton Beam

Radiation Therapy (continued)	<p>Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)</p> <p>77520 77522 77523 77525</p> <p>Special/Associated Services</p> <p>77331 77370 77399 77470</p> <p>SBRT/SRS</p> <p>77371 77372 77373</p> <p>Standard Radiation Therapy (2D/3D)</p> <p>Prior Auth required only when obtained with diagnosis codes in the following ranges:</p> <p>C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92</p> <p>77401 77402 77407 77412</p> <p>G6003 G6004 G6005 G6006</p> <p>G6007 G6008 G6009 G6010</p> <p>G6011 G6012 G6013 G6014</p> <p>Y90</p> <p>Implantable Beta-Emitting Microspheres for treatment of malignant tumors</p> <p>79445</p> <p>To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the "Radiology, Cardiology, Oncology, and Radiation Therapy" box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests</p>			
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Radiology	<p>Prior authorization is required for participating physicians who request the following advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MScommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p>
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Septoplasty and rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – Outpatient hospital	<p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating</p>	<p>Auditory System</p> <p>69205</p> <p>Cardiovascular System</p> <p>36590 36832</p>			

Site of service (SOS) – Ambulatory Surgery Center
 Outpatient hospital (continued) (ASC)

Carpal Tunnel Surgery

64721

Cataract Surgery

66821 66982 66984

Colonoscopy

45378 45380 45384 45385

Cosmetic & Reconstructive

13101 13132 14040 14060

14301 21552 21931

Digestive System

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

ENT Procedures

21320 30140 30520 69436

69631

Eye and Ocular Adnexa

65710 65820 66250 66710

66711 66825 66986 66987

66988 67010 67041 67042

67105 67108 67113 67840

68110 68115 68320 68720

68815

Female Genital System

57240 57250 57461 57520

58561 58562

Gynecologic Procedures

57522 58353 58558 58563

58565

Hemic and Lymphatic Systems

38500 38510 38525

Hernia Repair

49505 49585 49587 49650

49651 49652 49653 49654

49655

Integumentary System

Site of service (SOS) –	10121	11440	11450	11624
Outpatient hospital (continued)	11770	13121	15100	15120
	15240	19020	19120	19125
Liver Biopsy				
47000				
Male Genital System				
54840				
Miscellaneous				
20680				
Musculoskeletal System				
20552	20553	21012	21013	
21336	21554	21555	21556	
21930	22514	22902	22903	
23071	23075	24071	27327	
27337	27632	28035	28039	
28041	28060	28080	28090	
28104	28110	28118	28119	
28124	28285	28289	28292	
28296	28297	28298	28299	
29806	29807	29819	29822	
29823	29824	29825	29826	
29827	29828	29835	29840	
29845	29846	29848	29861	
29875	29876	29877	29879	
29880	29881	29882	29888	
29893	G0260			
Nervous System				
64561	64640			
Ophthalmologic				
65426	65730	65855	66170	
66761	67028	67036	67040	
67228	67311	67312		
Respiratory System				
30802	30930	31525	31535	
31536	31541	31624		
Tonsillectomy & Adenoidectomy				
42820	42821	42825	42826	
42830				
Upper Gastrointestinal Endoscopy				
43235	43239	43249		
Urinary System				
52276	52287	52320	52344	
Urologic Procedures				

Site of service (SOS) – Outpatient hospital (continued)		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Sleep studies	Prior authorization required	95805 95811	95807	95808	95810
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22515	22532	22533
		22548	22551	22554	22556
		22558	22586	22590	22595
		22600	22610	22612	22630
		22633	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22849	22850
		22852	22855	22856	22861
		22864	22865	22899	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63040	63042	63045
		63046	63047	63050	63055
		63056	63064	63075	63077
		63081	63085	63087	63090
		63101	63102	63170	63172
		63173	63185	63190	63191
		63200	63250	63251	63252
		63265	63267	63268	63270
		63271	63272	63286	63300
		63301	63302	63303	63304
		63305	63306	63307	63308
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required		Bone growth stimulator		
			E0747	E0748	E0749
					E0760
			Neurostimulator		
			43648	43881	43882
			61864	61867	61868
			61886	63650	63655
					61863
					61885
					63685

Stimulators (continued)		64553	64555	64568	64570
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma® (Idecaptogene Cicleucel), Breyanzi® (Lisocaptogene Kymriah™ (tisagenlecleucel) Tecartus™ (brexucaptogene autoleucel) and Yescarta™ (axicaptogene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370		50547	S2060
		S2061	S2152		
		CAR T-Cell Therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056		
		Gene Therapy			
		C9399***	J3490***	J3590***	
		*Code 38232 will only require prior authorization for an oncology diagnosis. *** Spevigo™ and Zynteglō® will require prior authorization through Optum Transplant			
Vein procedures	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37765
		37766	37780		
Ventricular assist devices (VAD)	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 855-282-8929			
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
Wound vac	Prior authorization required	E2402			

