

**Prior Authorization Requirements for Mississippi -
Children's Health Insurance Program
Effective Jan. 1, 2016**



General Information

This list represents UnitedHealthcare Community Plan's prior authorization requirements for the Children's Health Insurance Program (CHIP) in Mississippi, contracted/participating providers (inpatient and outpatient). All services rendered by an out-of-network physician, facility or other health care provider must receive prior authorization request.

The faxable Prior Authorization Request Form is available to download from UHCCommunityPlan.com > Health Care Professionals > Mississippi > Provider Information > Advanced Notification Requirements. Fax the completed form to 888-899-1680.

You may submit and/or complete Prior-authorization submissions online at UnitedHealthcareOnline.com or Optum Cloud Dashboard. Not registered online? Click **New User** on the home page under the login button at UnitedHealthcareOnline.com.

If you have questions, please call Provider Services at 866-604-3267, option 3.

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Bariatric Surgery Inpatient and Outpatient bariatric surgery and obesity-related services		43647 43860	43648 64590	43659	43865
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures		20974 E0748	20975 E0749	20979	E0747
Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast except when following mastectomy		19318 19342 19364 19369 L8600	19328 19350 19366 19370	19330 19357 19367 19371	19340 19361 19368 19380
Cochlear and Other Auditory Implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech		69718	69714 69930	69715 L8614	69717 L8615
Cosmetic and Reconstructive 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	Advance notification required for both inpatient and outpatient cosmetic and reconstructive services	11920 15821 15847 17999 21172 21181 21230 21261 21275 21740 30540	11960 15822 17106 21137 21175 21182 21235 21263 21280 21742 30545	11971 15823 17107 21138 21179 21183 21256 21267 21282 21743 30560 67900 67901	15820 15830 17108 21139 21180 21184 21260 21268 21295 28344 30620 67902
		67903 67909	67904 67911	67906 67912	67908 67914

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Cosmetic and Reconstructive – (cont'd)		67915 67922 67961	67916 67923 67966	67917 67924	67921 67950 Q2027
Durable Medical Equipment (DME) – Greater Than \$500 DME codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only	Prosthetics are not DME (see <i>Prosthetics and Orthotics notification requirement</i>).	A9274 E0193 E0270 E0297 E0328 E0460 E0471 E0486 E0637 E0650 E0666 E0670 E0675 E0694 E0762 E0784 E0984 E1004 E1008 E1018 E1085 E1130 E1226 E1232 E1236 E1250 E1300 E1840 E2228 E2310 E2322 E2329 E2351 E2376 E2512 E2620 E2628 E8001 K0008 K0108 K0801 K0808 K0823 K0827 K0831	A9280 E0194 E0274 E0300 E0329 E0465 E0472 E0601 E0638 E0651 E0667 E0671 E0691 E0700 E0764 E0786 E0986 E1005 E1009 E1030 E1086 E1140 E1229 E1233 E1237 E1260 E1310 E2100 E2230 E2311 E2325 E2330 E2370 E2402 E2599 E2621 E2629 E8002 K0011 K0606 K0802 K0812 K0824 K0828 K0836	A9900 E0265 E0277 E0302 E0445 E0466 E0483 E0620 E0641 E0652 E0668 E0672 E0692 E0710 E0782 E0947 E1002 E1006 E1010 E1035 E1089 E1161 E1230 E1234 E1238 E1285 E1825 E2204 E2300 E2312 E2327 E2331 E2373 E2510 E2614 E2626 E2630 K0005 K0013 K0609 K0806 K0821 K0825 K0829 K0837	A9999 E0266 E0296 E0304 E0457 E0470 E0485 E0636 E0642 E0656 E0669 E0673 E0693 E0745 E0783 E0948 E1003 E1007 E1011 E1036 E1090 E1220 E1231 E1235 E1239 E1290 E1830 E2227 E2301 E2321 E2328 E2343 E2375 E2511 E2616 E2627 E8000 K0007 K0014 K0800 K0807 K0822 K0826 K0830 K0838

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<p>Durable Medical Equipment (DME) – Greater than \$500 (cont'd.)</p> <p>DME codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only</p>		K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 Q0482 Q0489 Q0496 Q0506 V5283 V5287	K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0479 Q0483 Q0490 Q0502 T5999 V5284 V5288	K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 Q0480 Q0484 Q0491 Q0503 V5281 V5285 V5289	K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 Q0481 Q0488 Q0495 Q0504 V5282 V5286 V5290
<p>Enteral and Parenteral Services In-home nutritional therapy either enteral or through a gastrostomy tube</p>		B4034 B4102 B4150 B4155 B4160 B9002	B4035 B4103 B4152 B4157 B4161 B9998	B4036 B4104 B4153 B4158 B4162	B4100 B4149 B4154 B4159 B9000
<p>Experimental and Investigational</p>		33477 61863 61886 62292 66180 95966 A9276 E1831	36514 61864 62264 64555 95250 95967 A9277 S1040	54240 61867 62290 64566 95251 A6000 A9278	55866 61868 62291 64722 95965 A9274 E0231
<p>Genetic Testing</p>	Prior authorization required.				
<p>Hearing Services</p>	Prior authorization required				
<p>Home Health</p>		G0151 G0300 T1002	G0152 S9123	G0153 S9124	G0299 S9127
<p>Injectable Medications</p>		<p>Acthar J0800</p> <p>Botox J0585 J0586 J0587 J0588</p> <p>IVIG J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569</p>			

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Injectable Medications (cont'd.)		J1572 Makena/17P J1725	J1599 J2675		
Joint Replacement Outpatient and inpatient joint and total hip and knee replacement procedures Joint Replacement (Continued)		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
Non-Emergent Air Ambulance Transport		A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic Surgery Treatment of maxillofacial (jaw) functional impairment		21121 21127 21146 21154 21188 21196 21208 21240 21246 21255	21122 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 30465
Orthotics and Prosthetics – Greater than \$500 Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500	For members younger than 21, prior authorization required. For members 21 and older, no prior authorization required, please check benefits.	L0112 L0458 L0470 L0486 L0629 L0635 L0639 L0810 L1000 L1310 L1520 L1690 L1730 L1840 L1846 L1950 L2005 L2034	L0170 L0460 L0480 L0488 L0631 L0636 L0640 L0820 L1005 L1499 L1680 L1700 L1755 L1843 L1860 L1951 L2010 L2036	L0430 L0462 L0482 L0491 L0632 L0637 L0700 L0830 L1200 L1500 L1685 L1710 L1832 L1844 L1932 L1970 L2020 L2037	L0456 L0464 L0484 L0624 L0634 L0638 L0710 L0859 L1300 L1510 L1686 L1720 L1834 L1845 L1945 L2000 L2030 L2038

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<p>Orthotics and Prosthetics – Greater than \$500 (cont'd.) Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L2060	L2106	L2108	L2114
		L2116	L2126	L2128	L2132
		L2134	L2136	L2350	L2510
		L2525	L2526	L2627	L2628
		L2999	L3000	L3010	L3020
		L3031	L3160	L3201	L3202
		L3203	L3204	L3206	L3207
		L3212	L3213	L3214	L3215
		L3216	L3217	L3219	L3221
		L3222	L3230	L3250	L3251
		L3252	L3253	L3265	L3649
		L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3765
		L3766	L3900	L3901	L3904
		L3905	L3960	L3961	L3962
		L3967	L3971	L3973	L3975
		L3976	L3977	L3978	L3999
		L4000	L4010	L4020	L4631
		L5000	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	L5611
		L5613	L5614	L5616	L5639
		L5640	L5642	L5643	L5644
		L5645	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5679	L5681	L5682
		L5683	L5700	L5701	L5702
		L5703	L5705	L5706	L5707
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5781
		L5782	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
L5830	L5840	L5845	L5848		
L5856	L5857	L5858	L5930		
L5950	L5960	L5961	L5962		
L5976	L5979	L5980	L5981		
L5982	L5984	L5986	L5987		
L5988	L5990	L5999	L6000		

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<p>Orthotics and Prosthetics – Greater than \$500 (cont'd.) Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L6010 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6880 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L7261 L8035 L8043 L8047 L8609 L8659	L6020 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L7274 L8040 L8044 L8499 L8610 V2623	L6025 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L7405 L8041 L8045 L8500 L8612	L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7260 L7499 L8042 L8046 L8605 L8631
<p>Proton Beam Therapy Focused radiation therapy using beams of protons (tiny particles with a positive charge)</p>		77520	77522	77523	77525
<p>Septoplasty and Rhinoplasty Treating nasal functional impairment and septal deviation</p>		30400 30435	30410 30450	30420 30460	30430 30462
<p>Sleep Apnea Procedures and Surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea</p>		21685	42145	41599	
<p>Sleep Studies</p>		95805 95811	95807	95808	95810
<p>Spinal Stimulator for Pain Management Spinal cord stimulators when implanted for pain management</p>		63650	63655	63685	

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Spinal Surgery Inpatient and outpatient spinal surgeries		22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307 0092T	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308 0164T	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570
Vagus Nerve Stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves		61885 L8685	64568 L8686	L8687	L8682 L8688
Vein Procedures 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 37718	36475 37722	36478 37780	37700
Wound Vac		E2402			

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans
<p>Behavioral Health Services Behavioral health services through a designated behavioral health network</p>		<p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p> <p>Call the number on member's ID card when referring for mental health and substance abuse/use services.</p>
<p>Cardiology Prior Authorization Program</p>		<p>Prior authorization required for inpatient, outpatient and office-based and electrophysiology implants prior to performance.</p> <p>Prior authorization required for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance. Request prior authorization by calling 866-889-8054</p> <p>For details, including a list of CPT codes that require prior authorization, go to UHCCommunityPlan.com > <i>Cardiology > Cardiology Prior Authorization CPT Code Crosswalk</i></p>
<p>Out-of-Network Services</p>	<p>A referral to a health care provider not contracted with UnitedHealthcare</p>	<p>All out-of-network services require prior authorization.</p>
<p>Radiology Prior Authorization</p>		<p>Prior authorization required for these advanced outpatient imaging procedures: CT, MRI, MRA, PET scan, nuclear medicine and nuclear cardiology procedures.</p> <p>The health care professional ordering an advanced outpatient imaging procedure responsible for requesting and completing the prior authorization process before scheduling the procedure.</p> <p>Request prior authorization by calling 866-889-8054.</p> <p>For more information and a list of CPT codes requiring prior authorization, go to UHCCommunityPlan.com > <i>Radiology > 2014 CPT Code List</i>.</p>
<p>Transplants</p>		<p>For transplant services, call OptumHealth at 800-418-4994 or the notification number on the back of member's ID card.</p>
<p>Ventricular Assist Devices A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p>		<p>Fax OptumHealth directly at 877-814-0488 or call the notification number on the back of the member's ID card.</p>