

**Advance Notification Requirements for Mississippi -
Mississippi Coordinated Access Network (MississippiCAN)
Effective Jan. 1, 2016**



General Information

This list represents our prior authorization review requirements for UnitedHealthcare Community Plan of Mississippi, contracted/participating providers (inpatient and outpatient). Please use the following to obtain a prior authorization review for coverage:

- Mississippi Coordinated Access Network (MississippiCAN)
- **Phone:** 866-604-3267 // **Fax:** 888-310-6858
- **Online:** UHCCommunityplan.com

All services rendered by a non-contracted physician, facility or other health care provider must receive prior authorization.

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
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 L8616 L8621 L8627 L8692	69714 69930 L8617 L8622 L8628 L8693	69715 L8614 L8618 L8623 L8690	69717 L8615 L8619 L8624 L8691
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	15820 15830 17108 21139 21180 21184 21260 21268 21295 28344 30620
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	A9280 E0194 E0274 E0300 E0329 E0465 E0472 E0601	A9900 E0265 E0277 E0302 E0445 E0466 E0483 E0620	A9999 E0266 E0296 E0304 E0457 E0470 E0485 E0636

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<p>Durable Medical Equipment (DME) – Greater Than \$500 (Continued) DME codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only</p>		E0637	E0638	E0641	E0642
		E0650	E0651	E0652	E0656
		E0666	E0667	E0668	E0669
		E0670	E0671	E0672	E0673
		E0675	E0691	E0692	E0693
		E0694	E0700	E0710	E0745
		E0762	E0764	E0782	E0783
		E0784	E0786	E0947	E0948
		E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1011
		E1018	E1030	E1035	E1036
		E1085	E1086	E1089	E1090
		E1130	E1140	E1161	E1220
		E1226	E1229	E1230	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1239
		E1250	E1260	E1285	E1290
		E1300	E1310	E1825	E1830
		E1840	E2100	E2204	E2227
		E2228	E2230	E2300	E2301
		E2310	E2311	E2312	E2321
		E2322	E2325	E2327	E2328
		E2329	E2330	E2331	E2343
		E2351	E2370	E2373	E2375
		E2376	E2510	E2511	E2512
		E2599	E2614	E2616	E2620
		E2621	E2626	E2627	E2628
		E2629	E2630	E8000	E8001
		E8002	K0005	K0007	K0008
		K0011	K0013	K0014	K0108
		K0606	K0609	K0800	K0801
		K0802	K0806	K0807	K0808
		K0812	K0821	K0822	K0823
		K0824	K0825	K0826	K0827
		K0828	K0829	K0830	K0831
		K0836	K0837	K0838	K0839
		K0840	K0841	K0842	K0843
		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	K0898	K0899
		Q0479	Q0480	Q0481	Q0482
		Q0483	Q0484	Q0488	Q0489
		Q0490	Q0491	Q0495	Q0496
		Q0502	Q0503	Q0504	Q0506
		T5999	V5281	V5282	V5283
		V5284	V5285	V5286	V5287

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Durable Medical Equipment (DME) – Greater Than \$500 (Continued) DME codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only		V5288	V5289	V5290	
Enteral and Parenteral Services In home nutritional therapy either enteral or through a gastrostomy tube		B4034 B4102 B4150 B4155 B4160 B9002	B4035 B4103 B4152 B4157 B4161 B9998	B4036 B4104 B4153 B4158 B4162	B4100 B4149 B4154 B4159 B9000
Experimental and Investigational		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
Genetic Testing	Prior authorization is required.				
Hearing Aids	Prior authorization is required				
Home Health		G0151 S9124	G0152 S9127	G0153 T1002	S9123
Injectable Medications		Acthar J0800 Botox J0585 J0586 J0587 J0588 IVIG J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1599 Makena/17P J1725 J2675 Xolair* J2357 *Prior notification is obtained through OptumRx prior notifications services at 800-310-6826 for Xolair			
Joint Replacement Outpatient and inpatient joint and total hip and knee replacement procedures		23470 24360	23472 24361	23473 24362	23474 24363

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Joint Replacement (Continued)		24370 27125 27137 27447 29867	24371 27130 27138 27486 29868	27120 27132 27412 27487	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 under 21, prior authorization is required. For members 21 and older, no prior authoriz For members under 21, prior authorization is required.	L0112 L0458 L0470 L0486 L0629 L0635 L0639 L0810 L1000 L1310 L1520 L1690 L1730 L1840 L1846 L1950 L2005 L2034 L2060 L2116 L2134 L2525 L2999 L3031 L3203 L3212 L3216 L3222 L3252 L3671 L3740 L3766 L3905	L0170 L0460 L0480 L0488 L0631 L0636 L0640 L0820 L1005 L1499 L1680 L1700 L1755 L1843 L1860 L1951 L2010 L2036 L2106 L2126 L2136 L2526 L3000 L3160 L3204 L3213 L3217 L3230 L3253 L3674 L3763 L3900 L3960	L0430 L0462 L0482 L0491 L0632 L0637 L0700 L0830 L1200 L1500 L1685 L1710 L1832 L1844 L1932 L1970 L2020 L2037 L2108 L2128 L2350 L2627 L3010 L3201 L3206 L3214 L3219 L3250 L3265 L3720 L3764 L3901 L3961	L0456 L0464 L0484 L0624 L0634 L0638 L0710 L0859 L1300 L1510 L1686 L1720 L1834 L1845 L1945 L2000 L2030 L2038 L2114 L2132 L2510 L2628 L3020 L3202 L3207 L3215 L3221 L3251 L3649 L3730 L3765 L3904 L3962

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<p>Orthotics and Prosthetics – Greater Than \$500 (Continued) Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	<p>For members 21 and older, no prior authorization, please check benefits. For members 21 and older, no prior authorization, please check benefits.</p>	L3967 L3976 L4000 L5000 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5613 L5640 L5645 L5649 L5673 L5683 L5703 L5716 L5726 L5782 L5812 L5822 L5830 L5856 L5950 L5976 L5982 L5988 L6010 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6880 L6884 L6905 L6925 L6945	L3971 L3977 L4010 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5614 L5642 L5646 L5651 L5679 L5700 L5718 L5728 L5790 L5814 L5824 L5840 L5857 L5960 L5979 L5984 L5990 L6020 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6881 L6885 L6910 L6930 L6950	L3973 L3978 L4020 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5616 L5643 L5647 L5653 L5681 L5701 L5706 L5722 L5780 L5795 L5816 L5826 L5845 L5858 L5961 L5980 L5986 L5999 L6025 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6882 L6895 L6915 L6935 L6955	L3975 L3999 L4631 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5611 L5639 L5644 L5648 L5661 L5682 L5702 L5707 L5724 L5781 L5811 L5818 L5828 L5848 L5930 L5962 L5981 L5987 L6000 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6883 L6900 L6920 L6940 L6960

**Advance Notification Requirements for MississippiCAN -
Effective Jan.1, 2016**



Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Orthotics and Prosthetics – Greater Than \$500 (Continued) Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7260
		L7261	L7274	L7405	L7499
		L8035	L8040	L8041	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8500	L8605
		L8609	L8610	L8612	L8631
		L8659	V2623		
Prescribed Pediatrics Extended Care (PPEC)		T1025	T1026		
Proton Beam Therapy Focused radiation therapy using beams of protons (tiny particles with a positive charge)		77520	77522	77523	77525
Rhinoplasty Treating nasal functional impairment and septal deviation		30400 30435	30410 30450	30420 30460	30430 30462
Sleep Apnea Procedures and Surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea		21685	42145	41599	
Sleep Studies		95805 95811	95807	95808	95810
Spinal Stimulator for Pain Management Spinal cord stimulators when implanted for pain management		63650	63655	63685	
Spinal Surgery Inpatient and outpatient spinal surgeries		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
		63102	63170	63172	63173

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Spinal Surgery (Continued)		63180 63191 63198 63251 63268 63286 63303 63307 0092T	63182 63194 63199 63252 63270 63300 63304 63308 0164T	63185 63195 63200 63265 63271 63301 63305 64553	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
Behavioral Health Services Behavioral health services through a designated behavioral health network		<p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p> <p>Please call the number on the member's ID card when referring for mental health and substance abuse/substance use services.</p>
Cardiology Prior Authorization Program		<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 additional details, including a list of the CPT codes that require prior authorization, go to UHCCommunityPlan.com > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk</p>
Out of Network Services	A referral to a health care provider not contracted with UnitedHealthcare	All out of network services require prior authorization.

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans																																																																
<p>Part B Specialty Drug (Medical Benefit) Prior Authorization</p>		<p>Authorization is required for the medical benefit specialty drugs impacted.</p> <p>Specialty drugs do not need prior authorization when rendered in an emergency room, observation unit, urgent care center or during an inpatient stay.</p> <p>Request prior authorization by calling 866-889-8054.</p> <p>To see the drugs that require prior authorization, go to UHCommunityPlan.com > <i>Pharmacy Program</i>.</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 is 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 that require prior authorization, go to UHCommunityPlan.com > <i>Radiology > 2014 CPT Code List</i>.</p>																																																																
<p>Transplants</p>		<p>For transplant services, call OptumHealth directly at 800-418-4994 or the notification number on the back of the health care ID card.</p> <table border="0"> <tr> <td>32850</td> <td>32851</td> <td>32852</td> <td>32853</td> </tr> <tr> <td>32854</td> <td>32855</td> <td>32856</td> <td>33226</td> </tr> <tr> <td>33930</td> <td>33933</td> <td>33935</td> <td>33940</td> </tr> <tr> <td>33944</td> <td>33945</td> <td>38205</td> <td>38206</td> </tr> <tr> <td>38207</td> <td>38208</td> <td>38209</td> <td>38210</td> </tr> <tr> <td>38211</td> <td>38212</td> <td>38213</td> <td>38214</td> </tr> <tr> <td>38215</td> <td>38230</td> <td>38232</td> <td>38240</td> </tr> <tr> <td>38241</td> <td>38242</td> <td>44010</td> <td>44015</td> </tr> <tr> <td>44020</td> <td>44021</td> <td>44025</td> <td>44050</td> </tr> <tr> <td>44055</td> <td>44100</td> <td>44110</td> <td>44111</td> </tr> <tr> <td>44120</td> <td>44121</td> <td>44125</td> <td>44126</td> </tr> <tr> <td>44127</td> <td>44128</td> <td>44130</td> <td>44132</td> </tr> <tr> <td>44133</td> <td>44135</td> <td>44136</td> <td>44137</td> </tr> <tr> <td>44715</td> <td>44720</td> <td>44721</td> <td>47133</td> </tr> <tr> <td>47135</td> <td>47136</td> <td>47140</td> <td>47141</td> </tr> <tr> <td>47142</td> <td>47143</td> <td>47144</td> <td>47145</td> </tr> </table>	32850	32851	32852	32853	32854	32855	32856	33226	33930	33933	33935	33940	33944	33945	38205	38206	38207	38208	38209	38210	38211	38212	38213	38214	38215	38230	38232	38240	38241	38242	44010	44015	44020	44021	44025	44050	44055	44100	44110	44111	44120	44121	44125	44126	44127	44128	44130	44132	44133	44135	44136	44137	44715	44720	44721	47133	47135	47136	47140	47141	47142	47143	47144	47145
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Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Transplants (cont'd.)		47146 48551 50300 50327 50360 50547 0052T S2055 S2103	47147 48552 50320 50328 50365 54680 0053T S2060 S2152	48160 48554 50323 50329 50370 60512 S2053 S2061 S9975	48550 48556 50325 50340 50380 0051T S2054 S2065
Ventricular Assist Devices A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.		Fax OptumHealth directly at 877-814-0488 or call the notification number on the back of the member's ID card. Q0505 Q0507 Q0508 Q0509 33975 33976 33979 33981 33982 33983			