

Prior Authorization Requirements for Missouri Effective January 1, 2018



General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of Missouri participating care providers 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 app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard
- **Phone:** 866-815-5334
- **Fax:** 844-881-4772; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Missouri > Provider Forms > Prior Authorization Fax Form
- To request prior authorization for Pediatric Care Network (PCN), please call PCN at **877-347-9367**.

Physicians, health care professionals and ancillary care providers are responsible for obtaining prior authorization for services included on this list.

Hospitals and facilities are responsible for providing admission notification. For admission notification requirements, please see the Missouri Provider Manual at UHCCommunityPlan.com > For Health Care Professionals > Missouri > Provider Administrative Manual.

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	Current Procedural Terminology (CPT) Codes			
Abortion	Carved out to state				
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847 95980	43645 43842 43848 95981	43659 43845 43860 95982	43770 43846 64590
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20979	E0747	E0748	E0760
BRCA genetic testing	Prior authorization required	81162 81214	81211 81215	81212 81216	81213 81217
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19366 19370	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369
Circumcision	Prior authorization required <u>only</u> for cases with documented medical necessity	54161	54162	54163	54164
Cochlear implants and other auditory implants 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	69715 L8619	69718 L8692	69930

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<p>Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p>	<p>Prior authorization required</p>	11960	11971	15820	15821
		15822	15823	15830	15847
		17106	17107	17108	17999
		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
		<p>Durable medical equipment (DME): more than \$500 DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p> <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i></p> <p>Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health services</i></p>	<p>Prior authorization required only in outpatient settings, to include patient's home</p>	E0194	E0265
E0445	E0457			E0460	E0466
E0483	E0620			E0636	E0638
E0641	E0642			E0669	E0670
E0675	E0693			E0694	E0700
E0710	E0745			E0762	E0764
E0784	E0984			E0986	E1002
E1003	E1004			E1005	E1006
E1007	E1008			E1009	E1010
E1030	E1035			E1161	E1229
E1231	E1232			E1233	E1234
E1235	E1236			E1237	E1238
E1239	E2100			E2228	E2322
E2325	E2327			E2329	E2331
E2351	E2373			E2510	E2511
E2599	E8001			K0005	K0008
K0013	K0108			K0812	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		
V5281	V5282	V5283	V5286		
V5287	V5288	V5290			
<p>Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube</p>	<p>Prior authorization required</p>	B9000	B9002	B9998	
<p>Experimental and investigational</p>	<p>Prior authorization required</p>	33477	36514	55866	61863
		61864	61867	61868	61886

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Experimental and investigational (cont'd)		64555 66180 E1831	64722 95978	65765 A6000	65767 E0231
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31237 31256 31288	31240 31267	31254 31276	31255 31287
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0299 G0495	G0300 G0496	G0493	G0494
Injectable medications	Carved out to state				
Joint replacement 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
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery 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
Orthotics and prosthetics: more than \$500 Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include member's home	L0112 L0464 L0486 L0632 L0638 L0810 L1000 L1499 L1710 L1830 L1840 L1860 L2000	L0170 L0480 L0624 L0634 L0640 L0820 L1200 L1680 L1720 L1831 L1845 L1945 L2005	L0456 L0482 L0629 L0636 L0700 L0830 L1300 L1685 L1730 L1834 L1846 L1950 L2010	L0462 L0484 L0631 L0637 L0710 L0859 L1310 L1700 L1755 L1836 L1847 L1970 L2020

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Orthotics and prosthetics: more than \$500 (cont'd) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L2030 L2038 L2126 L2510 L3230 L3720 L3900 L3971 L3999 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5616 L5643 L5651 L5702 L5718 L5728 L5811 L5818 L5828 L5858 L5961 L5976 L5982 L5990 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6687 L6693 L6697 L6883 L8044	L2034 L2060 L2128 L2526 L3649 L3730 L3901 L3975 L4000 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5639 L5644 L5653 L5703 L5722 L5780 L5812 L5822 L5830 L5930 L5964 L5979 L5984 L6000 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6689 L6694 L6707 L6884 L8499	L2036 L2106 L2136 L2627 L3671 L3740 L3905 L3976 L4010 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5613 L5640 L5646 L5661 L5706 L5724 L5790 L5814 L5824 L5848 L5950 L5966 L5980 L5987 L6010 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6690 L6695 L6711 L6885	L2037 L2108 L2350 L2628 L3674 L3764 L3961 L3977 L4020 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5614 L5642 L5648 L5682 L5716 L5726 L5795 L5816 L5826 L5857 L5960 L5968 L5981 L5988 L6020 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6686 L6692 L6696 L6712 L7405

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Personal care assistance	Prior authorization required	T1001	T1019	T1028	
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Septoplasty and rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30460	30462	30465	
Sinuplasty	Prior authorization required	31295	31296	31297	
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
Spinal surgery	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
		63180	63182	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	64553	64570

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885 64568
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	Prior authorization required	36473 36475 36478 37700 37718 37722 37780
Wound vac	Prior authorization required	E2402

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Behavioral health services	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.
Cardiology	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 app on Link. Go to UHCprovider.com 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 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCommunityPlan.com > For Health Care Professionals > Missouri > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	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 app on Link. Go to UHCprovider.com 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 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																												
Radiology (cont'd)		UHCCommunityPlan.com > For Health Care Professionals > Missouri > Radiology > CPT Code List.																																												
Transplants	<p>Prior authorization required</p> <p>Inpatient transplant procedures carved out to state</p>	<p>For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.</p> <table border="0"> <tr><td>32851</td><td>32852</td><td>32853</td><td>32854</td></tr> <tr><td>33935</td><td>33945</td><td>38207</td><td>38208</td></tr> <tr><td>38209</td><td>38210</td><td>38212</td><td>38213</td></tr> <tr><td>38214</td><td>38215</td><td>38232</td><td>38240</td></tr> <tr><td>38241</td><td>38242</td><td>44135</td><td>44137</td></tr> <tr><td>44720</td><td>44721</td><td>47135</td><td>47140</td></tr> <tr><td>47141</td><td>47142</td><td>47146</td><td>47147</td></tr> <tr><td>48552</td><td>48554</td><td>50360</td><td>50365</td></tr> <tr><td>50370</td><td>50547</td><td></td><td></td></tr> </table> <p>Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes</p> <table border="0"> <tr><td>38206</td><td>38999</td><td>J3490</td><td>J9999</td></tr> <tr><td>M0075</td><td>S2107</td><td></td><td></td></tr> </table>	32851	32852	32853	32854	33935	33945	38207	38208	38209	38210	38212	38213	38214	38215	38232	38240	38241	38242	44135	44137	44720	44721	47135	47140	47141	47142	47146	47147	48552	48554	50360	50365	50370	50547			38206	38999	J3490	J9999	M0075	S2107		
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<p>Ventricular assist devices (VAD)</p> <p>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p>	<p>Prior authorization required</p>	<p>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 855-282-8929.</p> <table border="0"> <tr><td>33975</td><td>33976</td><td>33979</td><td>33981</td></tr> <tr><td>33982</td><td>33983</td><td></td><td></td></tr> </table>	33975	33976	33979	33981	33982	33983																																						
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