

Prior Authorization Requirements for Missouri Effective July 1, 2017



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:** UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **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	20974 E0760	20979	E0747	E0748
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	21260	21261
		21263	21267	21268	21275
		21280	21282	21295	21740
		21742	21743	28344	30540
		30545	30560	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>	A9900	A9999
E0265	E0270			E0277	E0300
E0302	E0304			E0328	E0329
E0445	E0457			E0460	E0465
E0466	E0470			E0471	E0483
E0485	E0486			E0601	E0620
E0636	E0637			E0638	E0641
E0642	E0650			E0651	E0652
E0667	E0668			E0669	E0670
E0673	E0675			E0691	E0692
E0693	E0694			E0700	E0710
E0745	E0762			E0764	E0784
E0947	E0948			E0984	E0986
E1002	E1003			E1004	E1005
E1006	E1007			E1008	E1009
E1010	E1011			E1018	E1030
E1035	E1161			E1229	E1231
E1232	E1233			E1234	E1235
E1236	E1237			E1238	E1239
E1300	E1310			E1825	E1830
E1840	E2100			E2204	E2228
E2310	E2311			E2312	E2321
E2322	E2325			E2327	E2328
E2329	E2330			E2331	E2343
E2351	E2370			E2373	E2375
E2376	E2510			E2511	E2512
E2599	E2616			E8000	E8001
E8002	K0005			K0007	K0008
K0013	K0108			K0606	K0730
K0800	K0801			K0802	K0806
K0807	K0808	K0812	K0821		

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Durable medical equipment (DME): more than \$500 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$500		K0822	K0823	K0824	K0825
		K0826	K0827	K0828	K0829
		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	T1999
		T5999	V5281	V5282	V5283
		V5286	V5287	V5288	V5290
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4103	B4104	B4149	B4150
		B4152	B4153	B4155	B4158
		B4159	B4160	B4161	B9000
		B9002	B9998		
Experimental and investigational	Prior authorization required	33477	36514	54240	55866
		61863	61864	61867	61868
		61886	62264	62290	62291
		62292	64555	64722	65765
		65767	66180	95965	95966
		95967	95978	A6000	E0231
		E1831	S1040		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31237	31239	31240	31254
		31255	31256	31267	31276
		31287	31288		
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0156	G0162	G0299	G0300
		G0493	G0494	G0495	G0496
Injectable medications	Carved out to state				
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	
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436

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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
		21246	21247	21248	21249
		21255	21296	21299	
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	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1200	L1300	L1310
		L1499	L1680	L1685	L1700
		L1710	L1720	L1730	L1755
		L1812	L1820	L1830	L1831
		L1832	L1834	L1836	L1840
		L1845	L1846	L1847	L1860
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2128	L2136	L2350	L2510
		L2525	L2526	L2627	L2628
		L2999	L3000	L3160	L3201
		L3202	L3203	L3204	L3206
		L3207	L3212	L3213	L3214
		L3215	L3216	L3217	L3219
		L3221	L3222	L3230	L3250
		L3251	L3252	L3253	L3649
		L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3765
		L3766	L3900	L3901	L3905
		L3961	L3967	L3971	L3973
		L3975	L3976	L3977	L3978
		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		

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<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>		L5500 L5530 L5570 L5595 L5613 L5640 L5645 L5649 L5673 L5700 L5705 L5718 L5728 L5811 L5818 L5828 L5848 L5930 L5962 L5976 L5982 L5988 L6010 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6690 L6695 L6711 L6885 L8044 V2627	L5505 L5535 L5580 L5600 L5614 L5642 L5646 L5651 L5681 L5701 L5706 L5722 L5780 L5812 L5822 L5830 L5856 L5950 L5964 L5979 L5984 L5990 L6020 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6686 L6692 L6696 L6712 L7405 L8499	L5510 L5540 L5585 L5610 L5616 L5643 L5647 L5653 L5682 L5702 L5707 L5724 L5790 L5814 L5824 L5840 L5857 L5960 L5966 L5980 L5986 L5999 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6687 L6693 L6697 L6883 L7499 L8500	L5520 L5560 L5590 L5611 L5639 L5644 L5648 L5661 L5683 L5703 L5716 L5726 L5795 L5816 L5826 L5845 L5858 L5961 L5968 L5981 L5987 L6000 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6689 L6694 L6707 L6884 L8041 V2623
<p>Private duty nursing</p>	<p>Prior authorization required</p>	T1000	T1002	T1003	
<p>Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge</p>	<p>Prior authorization required</p>	77520	77522	77523	77525
<p>Septoplasty and rhinoplasty Treatment of nasal functional impairment and septal deviation</p>	<p>Prior authorization required</p>	30460	30462	30465	

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
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
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	<p>Prior authorization required</p> <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 health plan ID card when referring for mental health and substance abuse/substance use services.</p>																																				
Cardiology	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p>	<p>For prior authorization, please submit requests online at UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Cardiology Notification & Authorization – Submission & Status, or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > Missouri > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.</p>																																				
Radiology	<p>Prior authorization required for participating physicians who request these 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 at UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Radiology Notification & Authorization – Submission & Status, or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > Missouri > Radiology > CPT Code List.</p>																																				
Transplants	<p>Prior authorization required</p> <p>Inpatient transplant procedures carved out to state</p>	<p>For transplant services, 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" data-bbox="1068 1654 1500 1961"> <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>	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		
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Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
<p>Ventricular assist devices (VAD) 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> <p>33975 33976 33979 33981 33982 33983</p>