

Prior Authorization Requirements for Missouri

Effective July 1, 2018

General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in 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: 800-366-7304**
- **Fax: 844-881-4772;** fax form is available at **UHCCommunityPlan.com** > For Health Care Professionals > Missouri > Provider Forms > Prior Authorization Fax Request 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	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Abortion	Carved out to state				
Bariatric surgery	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	64590
		95980	95981	95982	
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.			
Bone growth stimulator	Prior authorization required	20979	E0747	E0748	E0760
Electronic stimulation or ultrasound to heal fractures					
BRCA genetic testing	Prior authorization required	81162	81211	81212	81213
		81214	81215	81216	81217
Breast reconstruction (non-mastectomy)	Prior authorization required	19316	19318	19324	19325
Reconstruction of the breast except when following mastectomy		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiology	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants 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 .			
	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance	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.			
Circumcision	Prior authorization required <u>only</u> for cases with documented medical necessity	54161	54162	54163	54164
Cochlear implants and other auditory implants	Prior authorization required A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	69714	69715	69718	69930
		L8614	L8619	L8692	
Cosmetic and reconstructive	Prior authorization required 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	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
Durable medical equipment (DME): more than \$500	Prior authorization required only in outpatient settings, to include patient's home Only the codes listed with a retail purchase or cumulative rental cost of more than \$500 Prosthetics are not DME – see <i>Orthotics and prosthetics</i> . Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .	E0194	E0265	E0270	E0300
		E0445	E0457	E0460	E0466
		E0483	E0620	E0636	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	K0005	K0008
		K0013	K0108	K0812	K0848

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME): more than \$500 (cont'd) Only the codes listed with a retail purchase or cumulative rental cost of more than \$500		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		
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002	B9998		
Experimental and investigational	Prior authorization required	33477	36514	55866	61863
		61864	61867	61868	61886
		64555	64722	65765	65767
		66180	95978	A6000	E0231
		E1831			
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31237	31240	31253	31254
		31255	31256	31257	31259
		31267	31276	31287	31288
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	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
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	Prior authorization required only in outpatient settings, to include member's home	L0112 L0464	L0170 L0480	L0456 L0482	L0462 L0484

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics: more than \$500 (cont'd)		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
		L1830	L1831	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	L2526	L2627	L2628
		L3230	L3649	L3671	L3674
		L3720	L3730	L3740	L3764
		L3900	L3901	L3905	L3961
		L3971	L3975	L3976	L3977
		L3999	L4000	L4010	L4020
		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	L5648
		L5651	L5653	L5661	L5682
		L5702	L5703	L5706	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5790	L5795
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5848	L5857
		L5858	L5930	L5950	L5960
		L5961	L5964	L5966	L5968
	L5976	L5979	L5980	L5981	
	L5982	L5984	L5987	L5988	
	L5990	L6000	L6010	L6020	
	L6050	L6055	L6100	L6110	
	L6120	L6130	L6200	L6205	
	L6250	L6300	L6310	L6320	
	L6350	L6360	L6370	L6380	
	L6382	L6384	L6400	L6450	

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
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		L6500	L6550	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6623	L6686
		L6687	L6689	L6690	L6692
		L6693	L6694	L6695	L6696
		L6697	L6707	L6711	L6712
		L6883	L6884	L6885	L7405
		L8044	L8499		
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
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 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.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > Missouri > Radiology > Radiology CPT Code List.</p>			
Septoplasty and rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30460	30462	30465	
Sinuplasty	Prior authorization required	31295	31296	31297	31298
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

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization				
Spinal surgery (cont'd)		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	
	Transplants	Prior authorization required	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.			
		Inpatient transplant procedures carved out to state				
			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			
		Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes:				
		38206	38999	J3490	J9999	
		S2107	Q2040	Q2041		
Vagus nerve stimulation		Prior authorization required	61885	64568		
Implantation of a device that sends electrical impulses into one of the cranial nerves						
Vein procedures	Prior authorization required	36473	36475	36478	37700	
Removal and ablation of the main trunks and named branches of the						
		37718	37722	37780		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Vein procedures (cont'd) saphenous veins for treating venous disease and varicose veins of the extremities		
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	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 . 33975 33976 33979 33981 33982 33983
Wound vac	Prior authorization required	E2402