

**Prior Authorization Requirements for Mississippi –  
Mississippi Coordinated Access Network (MississippiCAN)  
Effective January 1, 2018**



**General Information**

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of Mississippi Coordinated Access Network 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:** 866-604-3267
- **Fax:** 888-310-6858; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Mississippi > Provider Forms > Prior Authorization Fax Request Form.

**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			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975 E0749	20979 E0760	E0747	E0748
<b>BRCA genetic testing</b>	Prior authorization required	81211	81213	81432	81433
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19318 19342 19364 19369 L8600	19328 19350 19366 19370	19330 19357 19367 19371	19340 19361 19368 19380
<b>Circumcision</b>	Prior authorization required	54161			
<b>Cochlear implants and other auditory implants</b> 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 L8692	69715 L8619	69718 L8690	69930 L8691
<b>Cosmetic and reconstructive</b> 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	Prior authorization required	11960 15822 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924	11971 15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	15820 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	15821 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966

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<p><b>Durable medical equipment (DME) – more than \$500</b> DME codes listed with a billed amount or cumulative rental cost of more than \$500 – outpatient only</p>	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p>	<p>A9280 E0270 E0460 E0636 E0656 E0693 E0745 E0984 E1004 E1008 E1035 E1229 E1234 E1238 E2228 E2322 E2331 E2511 E2628 K0005 K0812 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 V5282 V5288</p>	<p>E0194 E0300 E0466 E0638 E0669 E0694 E0762 E0986 E1005 E1009 E1036 E1231 E1235 E1239 E2230 E2325 E2351 E2599 E2629 K0008 K0830 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040 V5283 V5290</p>	<p>E0265 E0445 E0483 E0641 E0670 E0700 E0764 E1002 E1006 E1010 E1161 E1232 E1236 E2100 E2300 E2327 E2373 E2626 E2630 K0013 K0831 K0851 K0855 K0859 K0863 K0870 K0879 K0886 T5999 V5286</p>	<p>E0266 E0457 E0620 E0642 E0675 E0710 E0784 E1003 E1007 E1030 E1220 E1233 E1237 E2227 E2301 E2329 E2510 E2627 E8001 K0108 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 V5281 V5287</p>
<p><b>Elective/planned inpatient admissions</b></p>	<p>Notification required at least five business days prior to non-emergency, non-urgent hospital admissions and/or outpatient services</p>				
<p><b>Emergent/urgent inpatient admissions</b></p>	<p>Prior authorization not required for urgent or emergent inpatient admissions – however, notification of admissions required within 24 hours</p>				
<p><b>Enteral and parenteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube</p>	<p>Prior authorization required</p> <p>Some enteral and parenteral products are priced as point-sale-items through pharmacy benefits, and are dispensed through a retail pharmacy under contract with OptumRx. You can find a list of these products at <a href="http://Medicaid.ms.gov">Medicaid.ms.gov</a> &gt; Providers &gt; Pharmacy &gt; Mississippi Preferred Drug List.</p>	<p>B4034 B9002</p>	<p>B4035 B9998</p>	<p>B4036 B9999</p>	<p>B9000</p>

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<b>Experimental and investigational</b>	Prior authorization required	33477 61864 64555 A9274	36514 61867 64722 E0231	55866 61868 66180 E1831	61863 61886 A6000
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31267	31254 31276	31255 31287	31256 31288
<b>Hearing aids</b>	Prior authorization is required	92591 V5030 V5100 V5256 V5260	92595 V5040 V5120 V5257 V5261	V5010 V5050 V5254 V5258	V5014 V5060 V5255 V5259
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include patient's home	S9123	S9124		
<b>Injectable medications</b>	Prior authorization required	<b>Acthar®</b> J0800  <b>Botulinum Toxins</b> J0585    J0586    J0587    J0588  <b>Cerezyme®</b> J1786  <b>Cinqair®</b> J2786  <b>ElELYso®</b> J3060  <b>Exondys 51™</b> J1428  <b>IVIG</b> J1459    J1556    J1557    J1559 J1561    J1566    J1568    J1569 J1572    J1575    J1599  <b>Lemtrada®</b> J0202  <b>Nucala®</b> J2182  <b>Ocrevus™</b> J2350			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Injectable medications (cont'd)		<p><b>Probuphine®</b> J0570</p> <p><b>Radicava™</b> C9493</p> <p><b>Soliris®</b> J1300</p> <p><b>Spinraza™</b> J2326</p> <p><b>Unclassified*</b> C9399    J3490    J3590</p> <p><b>Xolair®</b> J2357</p> <p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCCommunityPlan.com">UHCCommunityPlan.com</a> &gt; For Health Care Professionals &gt; Select Your State &gt; Provider Information &gt; UnitedHealthcare Community Plan Medical &amp; Drug Policies and Coverage Determination Guidelines.</p> <p><b>*For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura™ and Radicava.</b></p>			
<b>Joint replacement</b> 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	23474 24363 27122 27134 27446 29866
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21142 21147 21155 21193 21198 21209	21123 21143 21150 21159 21194 21199 21210	21125 21145 21151 21160 21195 21206 21215	21127 21146 21154 21188 21196 21208 21240

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Orthognathic surgery (cont'd)		21242	21244	21245	21246
		21247	21248	21249	21255
		21296	21299		
<p><b>Orthotics and prosthetics: more than \$500</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	<p>Prior authorization required only in outpatient settings, to include patient's home</p>	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	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1834	L1840	L1844
		L1845	L1846	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	L3265
		L3649	L3671	L3674	L3720
		L3730	L3740	L3764	L3900
		L3901	L3904	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

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<b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500		L5973	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	L6500	L6550	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6621	L6623
		L6624	L6646	L6648	L6686
		L6687	L6689	L6690	L6692
		L6693	L6694	L6695	L6696
		L6697	L6704	L6707	L6708
		L6709	L6711	L6712	L6713
		L6714	L6715	L6880	L6881
		L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910
		L6915	L6920	L6925	L6930
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
		L7181	L7185	L7186	L7190
		L7191	L7405	L8040	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8609	L8610
		L8612	L8631	L8659	
<b>Prescribed pediatric extended care (PPEC)</b>	Prior authorization required	T1025	T1026		
<b>Private duty nursing</b>	Prior authorization required – when submitting, please use the HCFA1500 form to avoid claim reprocessing.	S9123	S9124	T1002	
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Rhinoplasty</b> Treating nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	

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<b>Spinal stimulator for pain management</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
<b>Spinal surgery</b>	Prior authorization required	0164T	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	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			
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885	64568	L8682	L8685
		L8686	L8687	L8688	
<b>Vein procedures</b> 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	
<b>Wound vac</b>	Prior authorization required	E2402			

**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
<b>Behavioral health services</b>	<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 back of the member's health plan ID card when referring for mental health and substance abuse/substance use services.</p>
<b>Cardiology</b>	<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 by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCCommunityPlan.com</b> &gt; For Health Care Professionals &gt; Mississippi &gt; Cardiology &gt; Cardiology Prior Authorization CPT Code Crosswalk</p>
<b>Chemotherapy</b>	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p><b>Injectable chemotherapy drugs that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p>
<b>Colony stimulating factor drugs</b>	<p>Prior authorization required for colony stimulating factor drugs administered in an outpatient setting for a cancer diagnosis</p>	<p><b>Injectable colony stimulating factor drugs that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• J1442 filgrastim (Neupogen®)</li> <li>• J1447 tbo-filgrastim (Granix®)</li> <li>• J2505 pegfilgrastim (Neulasta®)</li> <li>• J2820 sargramostim (Leukine®)</li> <li>• Q5101 filgrastim, bio similar (Zarxio®)</li> </ul> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link</p>



**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization																												
<b>Colony stimulating factor drugs (cont'd)</b>		button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b> .																												
<b>Out-of-network services</b> A referral to a health care provider not contracted with UnitedHealthcare	All out-of-network services require prior authorization																													
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	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 <b>UHCprovider.com</b> 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 <b>866-889-8054</b> .  For more details and the CPT codes that require prior authorization, please visit <b>UHCCommunityPlan.com</b> > For Health Care Professionals > Mississippi > Radiology > CPT Code List.																												
<b>Transplants</b>	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 <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card.  <table border="0" data-bbox="1062 1415 1495 1587"> <tr> <td>32851</td> <td>32852</td> <td>32853</td> <td>32854</td> </tr> <tr> <td>33935</td> <td>33945</td> <td>38240</td> <td>38241</td> </tr> <tr> <td>44135</td> <td>44136</td> <td>44137</td> <td>47135</td> </tr> <tr> <td>50300</td> <td>50320</td> <td>50340</td> <td>50360</td> </tr> <tr> <td>50365</td> <td>50370</td> <td>50380</td> <td>50547</td> </tr> </table> Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes: <table border="0" data-bbox="1062 1707 1479 1768"> <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	38240	38241	44135	44136	44137	47135	50300	50320	50340	50360	50365	50370	50380	50547	38206	38999	J3490	J9999	M0075	S2107		
32851	32852	32853	32854																											
33935	33945	38240	38241																											
44135	44136	44137	47135																											
50300	50320	50340	50360																											
50365	50370	50380	50547																											
38206	38999	J3490	J9999																											
M0075	S2107																													

**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
<p><b>Ventricular assist devices</b> 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 <b>855-282-8929</b>.</p> <p>33927      33928      33929      33975                      33976      33979      33981      33982                      33983</p>