

**Prior Authorization Requirements for Mississippi –
Mississippi Coordinated Access Network (MississippiCAN)
Effective April 1, 2017**



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:** UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **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 | | | |
|---|---|--|--|--|--|
| Bone growth stimulator Electronic stimulation or ultrasound to heal fractures | Prior authorization required | 20974 E0748 | 20975 E0749 | 20979 E0760 | E0747 |
| Breast reconstruction (non-mastectomy) 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 |
| Circumcision | Prior authorization required | 54161 | | | |
| 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 L8692 | 69715 L8619 | 69718 L8690 | 69930 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 | Prior authorization required | 11960 15822 17106 21137 21175 21182 21235 21263 21280 21742 30545 67901 67906 67912 67917 67924 | 11971 15823 17107 21138 21179 21183 21256 21267 21282 21743 30560 67902 67908 67914 67921 67950 | 15820 15830 17108 21139 21180 21184 21260 21268 21295 28344 30620 67903 67909 67915 67922 67961 | 15821 15847 17999 21172 21181 21230 21261 21275 21740 30540 67900 67904 67911 67916 67923 67966 |
| Durable medical equipment (DME) – more than \$500 DME codes listed with a billed amount or cumulative rental cost of more than \$500 – outpatient only | Prior authorization required only in outpatient settings, to include patient's home | A9280 E0194 E0277 E0328 | A9900 E0265 E0300 E0329 | A9999 E0266 E0302 E0445 | E0193 E0270 E0304 E0457 |

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|---|---|--|--|--|--|
| <p>Durable medical equipment (DME) – more than \$500 (cont'd) DME codes listed with a billed amount or cumulative rental cost of more than \$500 – outpatient only</p> | <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i></p> | <p>E0460 E0471 E0486 E0637 E0650 E0667 E0673 E0693 E0745 E0783 E0948 E1003 E1007 E1011 E1036 E1090 E1220 E1232 E1236 E1250 E1300 E1840 E2228 E2310 E2322 E2329 E2351 E2376 E2599 E2628 E8001 K0008 K0108 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880</p> | <p>E0465 E0472 E0601 E0638 E0651 E0668 E0675 E0694 E0762 E0784 E0984 E1004 E1008 E1018 E1085 E1130 E1229 E1233 E1237 E1260 E1310 E2100 E2230 E2311 E2325 E2330 E2370 E2510 E2616 E2629 E8002 K0011 K0606 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884</p> | <p>E0466 E0483 E0620 E0641 E0652 E0669 E0691 E0700 E0764 E0786 E0986 E1005 E1009 E1030 E1086 E1140 E1230 E1234 E1238 E1285 E1825 E2204 E2300 E2312 E2327 E2331 E2373 E2511 E2626 E2630 K0005 K0013 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885</p> | <p>E0470 E0485 E0636 E0642 E0656 E0670 E0692 E0710 E0782 E0947 E1002 E1006 E1010 E1035 E1089 E1161 E1231 E1235 E1239 E1290 E1830 E2227 E2301 E2321 E2328 E2343 E2375 E2512 E2627 E8000 K0007 K0014 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886</p> |

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|--|---|---|---|---|--|
| Durable Medical Equipment (DME): more than \$500 (cont'd) DME codes listed with a billed amount or cumulative rental cost of more than \$500 – outpatient only | | K0890 T5999 V5286 | K0891 V5281 V5287 | K0898 V5282 V5288 | K0899 V5283 V5290 |
| Elective/planned inpatient admissions | Notification required at least five business days prior to non-emergency, non-urgent hospital admissions and/or outpatient services | | | | |
| Emergent/urgent inpatient admissions | Prior authorization not required for urgent or emergent inpatient admissions – however, notification of admissions required within 24 hours | | | | |
| Enteral and parenteral services In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required 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 Medicaid.ms.gov > Providers > Pharmacy > Mississippi Preferred Drug List. | B4034 B9002 | B4035 B9998 | B4036 B9999 | B9000 |
| Experimental and investigational | Prior authorization required | 33477 61863 61886 62292 95965 A9274 E0231 | 36514 61864 62264 64555 95966 A9276 E1831 | 54240 61867 62290 64722 95967 A9277 S1040 | 55866 61868 62291 66180 A6000 A9278 |
| Femoroacetabular impingement syndrome (FAI) | Prior authorization required | 29914 | 29915 | 29916 | |
| Functional endoscopic sinus surgery (FESS) | Prior authorization required | 31239 31256 31288 | 31240 31267 | 31254 31276 | 31255 31287 |
| Hearing aids | Prior authorization is required | 92591 V5030 V5100 V5256 V5260 | 92595 V5040 V5120 V5257 V5261 | V5010 V5050 V5254 V5258 | V5014 V5060 V5255 V5259 |
| Home health services | Prior authorization required only in outpatient settings, to include member's home | S9123 | S9124 | | |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|---|------------------------------|--|-------|-------|-------|
| Injectable medications | Prior authorization required | Acthar J0800 Botox J0585 J0586 J0587 J0588 Cerezyme J1786 Cinqair J2786 ElELYso J3060 IVIG J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 Makena/17P J1725 J2675 Nucala J2182 Unclassified Codes* J3490 J3590 Xolair J2357 *For Unclassified codes J3490 and J3590, prior authorization is only required for Ocrevus™. | | | |
| 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 | | |
| 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 |
| | | 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 | 30465 | |

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| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|--|---|--|--|--|--|
| <p>Orthotics and prosthetics: more than \$500 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 member's home</p> | <p>L0112 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1844 L1945 L2005 L2034 L2060 L2128 L2525 L2999 L3202 L3207 L3215 L3221 L3251 L3649 L3730 L3765 L3904 L3971 L3977 L4010 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5616 L5643 L5647 L5653 L5682 L5702</p> | <p>L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1832 L1845 L1950 L2010 L2036 L2106 L2136 L2526 L3000 L3203 L3212 L3216 L3222 L3252 L3671 L3740 L3766 L3905 L3973 L3978 L4020 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5611 L5639 L5644 L5648 L5661 L5683 L5703</p> | <p>L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1834 L1846 L1970 L2020 L2037 L2108 L2350 L2627 L3160 L3204 L3213 L3217 L3230 L3253 L3674 L3763 L3900 L3961 L3975 L3999 L4631 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5613 L5640 L5645 L5649 L5673 L5700 L5705</p> | <p>L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1840 L1860 L2000 L2030 L2038 L2126 L2510 L2628 L3201 L3206 L3214 L3219 L3250 L3265 L3720 L3764 L3901 L3967 L3976 L4000 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5614 L5642 L5646 L5651 L5681 L5701 L5706</p> |

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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> | | L5707 | L5716 | L5718 | L5722 |
| | | L5724 | L5726 | L5728 | L5780 |
| | | L5781 | L5782 | L5790 | L5795 |
| | | L5811 | L5812 | L5814 | L5816 |
| | | L5818 | L5822 | L5824 | L5826 |
| | | L5828 | L5830 | L5840 | L5845 |
| | | L5848 | L5856 | L5857 | L5858 |
| | | L5930 | L5950 | L5960 | L5961 |
| | | L5962 | L5964 | L5966 | L5968 |
| | | L5973 | L5976 | L5979 | L5980 |
| | | L5981 | L5982 | L5984 | L5986 |
| | | L5987 | L5988 | L5990 | L5999 |
| | | 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 |
| | | L7499 | L8035 | L8040 | L8041 |
| | | L8042 | L8043 | L8044 | L8045 |
| | | L8046 | L8047 | L8499 | L8500 |
| | | L8609 | L8610 | L8612 | L8631 |
| | | L8659 | V2623 | | |
| <p>Prescribed pediatric extended care (PPEC)</p> | <p>Prior authorization required</p> | T1025 | T1026 | | |
| <p>Private duty nursing</p> | <p>Prior authorization required – when submitting, please use the HCFA1500 form to avoid claim reprocessing.</p> | S9123 | S9124 | T1002 | |

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|--|------------------------------|---|--|--|--|
| 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 |
| Rhinoplasty Treating nasal functional impairment and septal deviation | Prior authorization required | 30400 30435 | 30410 30450 | 30420 30460 | 30430 30462 |
| 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 | |
| Sleep studies | Prior authorization required | 95805 95811 | 95807 | 95808 | 95810 |
| 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 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307 0164T | 22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308 | 22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553 | 22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570 |

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| | | | | | |
|---|------------------------------|----------------|----------------|----------------|-------|
| Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves | Prior authorization required | 61885 L8686 | 64568 L8687 | L8682 L8688 | L8685 |
| 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 37718 | 36475 37722 | 36478 37780 | 37700 |
| Wound vac | 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 |
|-----------------------------------|---|---|
| Behavioral health services | Prior authorization required Behavioral health services through a designated behavioral health network | Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. 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. |
| 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 at UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Cardiology Notification & Authorization – Submission & Status, or call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCCCommunityPlan.com > For Health Care Professionals > Mississippi > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk |
| Chemotherapy | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis | <u>Injectable chemotherapy drugs that require prior authorization:</u> <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleukovorin (J0641) • Chemotherapy injectable drugs that have a Q code • 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 <p>To submit a prior authorization online request for injectable chemotherapy drugs, please log on to UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Oncology Authorization Submission and Status > Submit or Look Up Chemotherapy Prior Authorization Request.</p> |

| Additional Advance Notification and Prior Authorization Programs | | | | | | | | | | | | | | |
|---|---|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|--|--|--|
| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization | | | | | | | | | | | | |
| Out-of-network services A referral to a health care provider not contracted with UnitedHealthcare | All out-of-network services require prior authorization | | | | | | | | | | | | | |
| 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 > Mississippi > Radiology > CPT Code List.</p> | | | | | | | | | | | | |
| Transplants | Prior authorization required | 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 ID card. | | | | | | | | | | | | |
| Ventricular assist devices A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow. | Prior authorization required | <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>0051T</td> <td>0052T</td> </tr> <tr> <td>0053T</td> <td></td> <td></td> <td></td> </tr> </table> | 33975 | 33976 | 33979 | 33981 | 33982 | 33983 | 0051T | 0052T | 0053T | | | |
| 33975 | 33976 | 33979 | 33981 | | | | | | | | | | | |
| 33982 | 33983 | 0051T | 0052T | | | | | | | | | | | |
| 0053T | | | | | | | | | | | | | | |