

**Advance Notification Requirements for Mississippi -
Mississippi Coordinated Access Network (MississippiCAN)
Effective May 1, 2016**



General Information

This list represents our prior authorization review requirements for UnitedHealthcare Community Plan of Mississippi, contracted/participating providers (inpatient and outpatient). Please use the following to obtain a prior authorization review for coverage:

- Mississippi Coordinated Access Network (MississippiCAN)
- **Phone:** 866-604-3267 // **Fax:** 888-310-6858
- **Online:** UHCCommunityplan.com

All services rendered by a non-contracted physician, facility or other health care provider must receive prior authorization.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Bone growth stimulator	Electronic stimulation or ultrasound to heal fractures	20974 E0748	20975 E0749	20979	E0747
Breast Reconstruction (non- mastectomy)	Reconstruction of the breast except when following mastectomy	19318 19342 19364 19369 L8600	19328 19350 19366 19370	19330 19357 19367 19371	19340 19361 19368 19380
Cochlear and other auditory implants	A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	69718 L8616 L8621 L8627 L8692	69714 69930 L8617 L8622 L8628 L8693	69715 L8614 L8618 L8623 L8690	69717 L8615 L8619 L8624 L8691
Cosmetic and reconstructive	Advance notification required for both inpatient and outpatient cosmetic and reconstructive services 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 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 retail purchase or cumulative rental cost of more than \$500 – outpatient only Prosthetics are not DME (see <i>Prosthetics and Orthotics notification requirement</i>).	A9274 E0193 E0270 E0297 E0328 E0460 E0471 E0486 E0637 E0650	A9280 E0194 E0274 E0300 E0329 E0465 E0472 E0601 E0638 E0651	A9900 E0265 E0277 E0302 E0445 E0466 E0483 E0620 E0641 E0652	A9999 E0266 E0296 E0304 E0457 E0470 E0485 E0636 E0642 E0656

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Durable medical equipment (DME) – more than \$500 (cont'd.)	DME codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only	E0666	E0667	E0668	E0669
	Prosthetics are not DME (see <i>Prosthetics and Orthotics notification requirement</i>).	E0670	E0671	E0672	E0673
	E0675	E0691	E0692	E0693	
	E0694	E0700	E0710	E0745	
	E0762	E0764	E0782	E0783	
	E0784	E0786	E0947	E0948	
	E0984	E0986	E1002	E1003	
	E1004	E1005	E1006	E1007	
	E1008	E1009	E1010	E1011	
	E1018	E1030	E1035	E1036	
	E1085	E1086	E1089	E1090	
	E1130	E1140	E1161	E1220	
	E1226	E1229	E1230	E1231	
	E1232	E1233	E1234	E1235	
	E1236	E1237	E1238	E1239	
	E1250	E1260	E1285	E1290	
	E1300	E1310	E1825	E1830	
	E1840	E2100	E2204	E2227	
	E2228	E2230	E2300	E2301	
	E2310	E2311	E2312	E2321	
	E2322	E2325	E2327	E2328	
	E2329	E2330	E2331	E2343	
	E2351	E2370	E2373	E2375	
	E2376	E2510	E2511	E2512	
	E2599	E2614	E2616	E2620	
	E2621	E2626	E2627	E2628	
	E2629	E2630	E8000	E8001	
	E8002	K0005	K0007	K0008	
	K0011	K0013	K0014	K0108	
	K0606	K0609	K0800	K0801	
	K0802	K0806	K0807	K0808	
	K0812	K0821	K0822	K0823	
	K0824	K0825	K0826	K0827	
	K0828	K0829	K0830	K0831	
	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	K0899	
	Q0479	Q0480	Q0481	Q0482	
	Q0483	Q0484	Q0488	Q0489	
	Q0490	Q0491	Q0495	Q0496	
	Q0502	Q0503	Q0504	Q0506	
T5999	V5281	V5282	V5283		
V5284	V5285	V5286	V5287		
V5288	V5289	V5290			

**Advance Notification Requirements for MississippiCAN -
Effective May 1, 2016**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Enteral and parenteral services	In home nutritional therapy either enteral or through a gastrostomy tube	B4034 B9999	B4035	B4036	B9998
Experimental and investigational		33477 61863 61886 62292 95250 A6000 A9278	36514 61864 62264 64555 95965 A9274 E0231	54240 61867 62290 64722 95966 A9276 E1831	55866 61868 62291 66180 95967 A9277 S1040
Functional endoscopic sinus surgery (FESS)		31237 31255 31287	31239 31256 31288	31240 31267	31254 31276
Genetic testing	Prior authorization is required.				
Hearing aids	Prior authorization is required				
Home health		G0151 S9124	G0152 S9127	G0153 T1002	S9123
Injectable medications	*Prior notification is obtained through OptumRx prior notifications services at 800-310-6826 for Xolair				
		Acthar J0800			
		Botox J0585	J0586	J0587	J0588
		IVIG J1459 J1561 J1572	J1556 J1566 J1575	J1557 J1568 J1599	J1559 J1569
		Makena/17P J1725	J2675		
		Xolair* J2357			
Joint replacement	Outpatient and inpatient joint and total hip and knee replacement procedures	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
Non-emergent air ambulance transport		A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery	Treatment of maxillofacial (jaw) functional impairment	21121 21127 21146 21154	21122 21142 21147 21155	21123 21143 21150 21159	21125 21145 21151 21160

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthognathic surgery (cont'd.)		21188 21196 21208 21240 21246 21255	21193 21198 21209 21242 21247 21296	21194 21199 21210 21244 21248 21299	21195 21206 21215 21245 21249 30465
Orthotics and prosthetics – more than \$500	<p>For members under 21, prior authorization is required.</p> <p>For members 21 and older, no prior authorization is required.</p> <p>Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	L0112 L0458 L0470 L0486 L0629 L0635 L0639 L0810 L1000 L1310 L1520 L1690 L1730 L1840 L1846 L1950 L2005 L2034 L2060 L2116 L2134 L2525 L2999 L3031 L3203 L3212 L3216 L3222 L3252 L3671 L3740 L3766 L3905 L3967 L3976 L4000 L5000 L5060 L5160 L5230 L5301 L5341 L5500 L5530	L0170 L0460 L0480 L0488 L0631 L0636 L0640 L0820 L1005 L1499 L1680 L1700 L1755 L1843 L1860 L1951 L2010 L2036 L2106 L2126 L2136 L2526 L3000 L3160 L3204 L3213 L3217 L3230 L3253 L3674 L3763 L3900 L3960 L3971 L3977 L4010 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535	L0430 L0462 L0482 L0491 L0632 L0637 L0700 L0830 L1200 L1500 L1685 L1710 L1832 L1844 L1932 L1970 L2020 L2037 L2108 L2128 L2350 L2627 L3010 L3201 L3206 L3214 L3219 L3250 L3265 L3720 L3764 L3901 L3961 L3973 L3978 L4020 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540	L0456 L0464 L0484 L0624 L0634 L0638 L0710 L0859 L1300 L1510 L1686 L1720 L1834 L1845 L1945 L2000 L2030 L2038 L2114 L2132 L2510 L2628 L3020 L3202 L3207 L3215 L3221 L3251 L3649 L3730 L3765 L3904 L3962 L3975 L3999 L4631 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics and prosthetics – more than \$500 (cont'd.)	For members under 21, prior authorization is required.	L5570	L5580	L5585	L5590
	For members 21 and older, no prior authorization is required.	L5595	L5600	L5610	L5611
	Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500	L5613	L5614	L5616	L5639
	L5640	L5642	L5643	L5644	
	L5645	L5646	L5647	L5648	
	L5649	L5651	L5653	L5661	
	L5673	L5679	L5681	L5682	
	L5683	L5700	L5701	L5702	
	L5703	L5705	L5706	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	
	L5976	L5979	L5980	L5981	
	L5982	L5984	L5986	L5987	
	L5988	L5990	L5999	L6000	
	L6010	L6020	L6025	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	L7260	
	L7261	L7274	L7405	L7499	
	L8035	L8040	L8041	L8042	
	L8043	L8044	L8045	L8046	
	L8047	L8499	L8500	L8605	
L8609	L8610	L8612	L8631		
L8659	V2623				

**Advance Notification Requirements for MississippiCAN -
Effective May 1, 2016**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Prescribed pediatric extended care (PPEC)		T1025	T1026		
Proton beam therapy	Focused radiation therapy using beams of protons (tiny particles with a positive charge)	77520	77522	77523	77525
Rhinoplasty	Treating nasal functional impairment and septal deviation	30400 30435	30410 30450	30420 30460	30430 30462
Sleep apnea procedures and surgeries	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	21685	42145	41599	
Sleep studies		95805 95811	95807	95808	95810
Spinal stimulator for pain management	Spinal cord stimulators when implanted for pain management	63650	63655	63685	
Spinal surgery	Inpatient and outpatient spinal surgeries	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 0092T	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 0164T	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
Vagus nerve stimulation	Implantation of a device that sends electrical impulses into one of the cranial nerves	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	36468 37718	36475 37722	36478 37780	37700

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Wound vac		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	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 member's ID card when referring for mental health and substance abuse/substance use services.
Cardiology prior authorization program		Prior Authorization required for inpatient, outpatient and office-based and electrophysiology implants prior to performance. Prior Authorization required for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance. Request prior authorization by calling 866-889-8054 For additional details, including a list of the CPT codes that require prior authorization, go to UHCommunityPlan.com > <i>Cardiology > Cardiology Prior Authorization CPT Code Crosswalk</i>
Out-of-network services	A referral to a health care provider not contracted with UnitedHealthcare	All out-of-network services require prior authorization
Part B specialty drug (medical benefit) prior authorization		Authorization is required for the medical benefit specialty drugs impacted. Specialty drugs do not need prior authorization when rendered in an emergency room, observation unit, urgent care center, or during an inpatient stay. Request prior authorization by calling 866-889-8054 . To see the drugs that require prior authorization, go to UHCommunityPlan.com > <i>Pharmacy Program</i> .
Radiology prior authorization		Prior authorization required for these advanced outpatient imaging procedures: CT, MRI, MRA, PET scan, nuclear medicine and nuclear cardiology procedures. The health care professional

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization																																																																																																				
Radiology prior authorization (cont'd.)		<p>ordering an advanced outpatient imaging procedure is responsible for requesting and completing the prior authorization process before scheduling the procedure.</p> <p>Request prior authorization by calling 866-889-8054.</p> <p>For more information and a list of CPT codes that require prior authorization, go to UHCCCommunityPlan.com > Radiology > 2014 CPT Code List.</p>																																																																																																				
Transplants		<p>For transplant services, call OptumHealth directly at 800-418-4994 or the notification number on the back of the health care ID card.</p> <table border="0"> <tr><td>32850</td><td>32851</td><td>32852</td><td>32853</td></tr> <tr><td>32854</td><td>32855</td><td>32856</td><td>33226</td></tr> <tr><td>33930</td><td>33933</td><td>33935</td><td>33940</td></tr> <tr><td>33944</td><td>33945</td><td>38205</td><td>38206</td></tr> <tr><td>38207</td><td>38208</td><td>38209</td><td>38210</td></tr> <tr><td>38211</td><td>38212</td><td>38213</td><td>38214</td></tr> <tr><td>38215</td><td>38230</td><td>38232</td><td>38240</td></tr> <tr><td>38241</td><td>38242</td><td>44010</td><td>44015</td></tr> <tr><td>44020</td><td>44021</td><td>44025</td><td>44050</td></tr> <tr><td>44055</td><td>44100</td><td>44110</td><td>44111</td></tr> <tr><td>44120</td><td>44121</td><td>44125</td><td>44126</td></tr> <tr><td>44127</td><td>44128</td><td>44130</td><td>44132</td></tr> <tr><td>44133</td><td>44135</td><td>44136</td><td>44137</td></tr> <tr><td>44715</td><td>44720</td><td>44721</td><td>47133</td></tr> <tr><td>47135</td><td>47136</td><td>47140</td><td>47141</td></tr> <tr><td>47142</td><td>47143</td><td>47144</td><td>47145</td></tr> <tr><td>47146</td><td>47147</td><td>48160</td><td>48550</td></tr> <tr><td>48551</td><td>48552</td><td>48554</td><td>48556</td></tr> <tr><td>50300</td><td>50320</td><td>50323</td><td>50325</td></tr> <tr><td>50327</td><td>50328</td><td>50329</td><td>50340</td></tr> <tr><td>50360</td><td>50365</td><td>50370</td><td>50380</td></tr> <tr><td>50547</td><td>54680</td><td>60512</td><td>0051T</td></tr> <tr><td>0052T</td><td>0053T</td><td>S2053</td><td>S2054</td></tr> <tr><td>S2055</td><td>S2060</td><td>S2061</td><td>S2065</td></tr> <tr><td>S2103</td><td>S2152</td><td>S9975</td><td></td></tr> </table>	32850	32851	32852	32853	32854	32855	32856	33226	33930	33933	33935	33940	33944	33945	38205	38206	38207	38208	38209	38210	38211	38212	38213	38214	38215	38230	38232	38240	38241	38242	44010	44015	44020	44021	44025	44050	44055	44100	44110	44111	44120	44121	44125	44126	44127	44128	44130	44132	44133	44135	44136	44137	44715	44720	44721	47133	47135	47136	47140	47141	47142	47143	47144	47145	47146	47147	48160	48550	48551	48552	48554	48556	50300	50320	50323	50325	50327	50328	50329	50340	50360	50365	50370	50380	50547	54680	60512	0051T	0052T	0053T	S2053	S2054	S2055	S2060	S2061	S2065	S2103	S2152	S9975	
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Ventricular assist devices	A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.	<p>Fax OptumHealth directly at 877-814-0488 or call the notification number on the back of the member's ID card.</p> <table border="0"> <tr><td>Q0505</td><td>Q0507</td><td>Q0508</td><td>Q0509</td></tr> <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>	Q0505	Q0507	Q0508	Q0509	33975	33976	33979	33981	33982	33983																																																																																										
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