

**Prior Authorization Requirements for Mississippi - Children's Health Insurance Program Effective May 1, 2016**



**General Information**

This list represents UnitedHealthcare Community Plan's prior authorization requirements for the Children's Health Insurance Program (CHIP) in Mississippi, contracted/participating providers (inpatient and outpatient). All services rendered by an out-of-network physician, facility or other health care provider must receive prior authorization request.

The faxable Prior Authorization Request Form is available to download from [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > Health Care Professionals > Mississippi > Provider Information > Advanced Notification Requirements. Fax the completed form to 888-899-1680.

You may submit and/or complete Prior-authorization submissions online at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) or Optum Cloud Dashboard. Not registered online? Click **New User** on the home page under the login button at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com).

If you have questions, please call Provider Services at 866-604-3267, option 3.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Bariatric surgery</b>	Inpatient and Outpatient bariatric surgery and obesity-related services	43647 43860	43648 64590	43659	43865
<b>Bone growth stimulator</b>	Electronic stimulation or ultrasound to heal fractures	20974 E0748	20975 E0749	20979	E0747
<b>BRCA genetic testing</b>		81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
<b>Breast reconstruction (non-mastectomy)</b>	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
<b>Cochlear and other auditory implants</b>	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
<b>Cosmetic and reconstructive</b>	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 15877 17999 21172 21181 21230 21261 21275 21740 30540 67900 67904 67911	11971 15823 17106 21137 21175 21182 21235 21263 21280 21742 30545 67901 67906 67912	15820 15830 17107 21138 21179 21183 21256 21267 21282 21743 30560 67902 67908 67914	15821 15847 17108 21139 21180 21184 21260 21268 21295 28344 30620 67903 67909 67915

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Cosmetic and reconstructive – (cont'd)</b>		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		
<b>Durable medical equipment (DME) – more than \$500</b>	<p>DME codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only</p> <p>Prosthetics are not DME (see <i>Prosthetics and Orthotics notification requirement</i>).</p>	A9274	A9280	A9900	A9999
		E0193	E0194	E0265	E0266
		E0270	E0274	E0277	E0296
		E0297	E0300	E0302	E0304
		E0328	E0329	E0445	E0457
		E0460	E0465	E0466	E0470
		E0471	E0472	E0483	E0485
		E0486	E0601	E0620	E0636
		E0637	E0638	E0641	E0642
		E0650	E0651	E0652	E0656
		E0666	E0667	E0668	E0669
		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	E2402	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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Durable medical equipment (DME) – more than \$500 (cont'd.)</b>	DME codes listed with a retail purchase or cumulative rental cost of more than \$500 – outpatient only  Prosthetics are not DME ( <i>see Prosthetics and Orthotics notification requirement</i> ).	K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 Q0482 Q0489 Q0496 Q0506 V5283 V5287	K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0479 Q0483 Q0490 Q0502 T5999 V5284 V5288	K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 Q0480 Q0484 Q0491 Q0503 V5281 V5285 V5289	K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 Q0481 Q0488 Q0495 Q0504 V5282 V5286 V5290
<b>Enteral and parenteral services</b>	In-home nutritional therapy either enteral or through a gastrostomy tube	B4034 B4102 B4150 B4155 B4160 B9002	B4035 B4103 B4152 B4157 B4161 B9998	B4036 B4104 B4153 B4158 B4162 B9999	B4100 B4149 B4154 B4159 B9000
<b>Experimental and investigational</b>		36514 61864 62264 64555 66180 95966 A4638 A9277 S0810 S2102 S9990	54240 61867 62290 64722 95250 95967 A6000 A9278 S1030 S3652 S9991	55866 61868 62291 65765 95251 95978 A9274 E0231 S1031 S8262	61863 61886 62292 65767 95965 96002 A9276 E1831 S1040 S9988
<b>Functional endoscopic sinus surgery (FESS)</b>		31237 31255 31287	31239 31256 31288	31240 31267	31254 31276
<b>Genetic testing</b>	Prior authorization required.				
<b>Hearing services</b>	Prior authorization required				
<b>Home health</b>		G0151 G0300 T1002	G0152 S9123	G0153 S9124	G0299 S9127
<b>Injectable medications</b>	*Prior notification obtained through OptumRx at 800-310-6826		<b>Acthar</b> J0800  <b>Botox</b> J0585	J0586 J0587	J0588

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Injectable medications (cont'd.)</b>		<b>IVIG</b> J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 <b>Makena/17P</b> J1725 J2675 <b>Xolair*</b> J2357			
<b>Joint replacement</b>	Outpatient and inpatient joint and total hip and knee replacement procedures	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			
<b>Non-emergent air ambulance transport</b>		A0430 A0431 A0435 A0436 S9960 S9961			
<b>Orthognathic surgery</b>	Treatment of maxillofacial (jaw) functional impairment	21121 21122 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			
<b>Orthotics and prosthetics – more than \$500</b>	Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500  For members younger than 21, prior authorization required.  For members 21 and older, no prior authorization required, please check benefits.	L0112 L0170 L0430 L0456 L0458 L0460 L0462 L0464 L0470 L0480 L0482 L0484 L0486 L0488 L0491 L0624 L0629 L0631 L0632 L0634 L0635 L0636 L0637 L0638 L0639 L0640 L0700 L0710 L0810 L0820 L0830 L0859 L1000 L1005 L1200 L1300 L1310 L1499 L1500 L1510 L1520 L1680 L1685 L1686 L1690 L1700 L1710 L1720 L1730 L1755 L1832 L1834 L1840 L1843 L1844 L1845 L1846 L1860 L1932 L1945 L1950 L1951 L1970 L2000 L2005 L2010 L2020 L2030 L2034 L2036 L2037 L2038 L2060 L2106 L2108 L2114 L2116 L2126 L2128 L2132			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Orthotics and prosthetics – more than \$500 (cont’d.)</b></p>	<p>Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	L2134	L2136	L2350	L2510
	<p>For members younger than 21, prior authorization required.</p>	L2525	L2526	L2627	L2628
	<p>For members 21 and older, no prior authorization required, please check benefits.</p>	L2999	L3000	L3010	L3020
		L3031	L3160	L3201	L3202
		L3203	L3204	L3206	L3207
		L3212	L3213	L3214	L3215
		L3216	L3217	L3219	L3221
		L3222	L3230	L3250	L3251
		L3252	L3253	L3265	L3649
		L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3765
		L3766	L3900	L3901	L3904
		L3905	L3960	L3961	L3962
		L3967	L3971	L3973	L3975
		L3976	L3977	L3978	L3999
		L4000	L4010	L4020	L4631
		L5000	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	L5611
		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	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Orthotics and prosthetics – more than \$500 (cont'd.)</b>	<p>Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500</p> <p>For members younger than 21, prior authorization required.</p> <p>For members 21 and older, no prior authorization required, please check benefits.</p>	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				
<b>Proton beam therapy</b>	Focused radiation therapy using beams of protons (tiny particles with a positive charge)	77520	77522	77523	77525
<b>Septoplasty and rhinoplasty</b>	Treating nasal functional impairment and septal deviation	30400 30435	30410 30450	30420 30460	30430 30462
<b>Sleep apnea procedures and surgeries</b>	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	21685	42145	41599	
<b>Sleep studies</b>		95805 95811	95807	95808	95810
<b>Spinal stimulator for pain management</b>	Spinal cord stimulators when implanted for pain management	63650	63655	63685	
<b>Spinal surgery</b>	Inpatient and outpatient spinal surgeries	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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Spinal surgery (cont'd.)		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
		0092T	0164T		
Vagus nerve stimulation	Implantation of a device that sends electrical impulses into one of the cranial nerves	61885	64568		L8682
		L8685	L8686	L8687	L8688
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	36475	36478	37700
		37718	37722	37780	
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.	Call the number on member's ID card when referring for mental health and substance abuse/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 <b>866-889-8054</b>  For details, including a list of CPT codes that require prior authorization, go to <a href="http://UHCCommunityPlan.com">UHCCommunityPlan.com</a> > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk

**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
<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 prior authorization</b>		<p>Prior authorization required for these advanced outpatient imaging procedures: CT, MRI, MRA, PET scan, nuclear medicine and nuclear cardiology procedures.</p> <p>The health care professional ordering an advanced outpatient imaging procedure responsible for requesting and completing the prior authorization process before scheduling the procedure.</p> <p>Request prior authorization by calling <b>866-889-8054</b>.</p> <p>For more information and a list of CPT codes requiring prior authorization, go to <a href="http://UHCCommunityPlan.com">UHCCommunityPlan.com</a> &gt; Radiology &gt; 2014 CPT Code List.</p>
<b>Transplants</b>		For transplant services, call OptumHealth at <b>800-418-4994</b> or the notification number on the back of member's ID card.
<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	Fax OptumHealth directly at <b>877-814-0488</b> or call the notification number on the back of the member's ID card.