

# Prior Authorization Requirements for Mississippi – Mississippi Coordinated Access Network (MississippiCAN) Effective July 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   |  |  |  |
|---|------------------------------|--|--|--|--|
| <b>Bone growth stimulator</b><br>Electronic stimulation or ultrasound to heal fractures   | Prior authorization required | 20974<br>E0748   | 20975<br>E0749   | 20979<br>E0760   | E0747  |
| <b>BRCA genetic testing</b>   | Prior authorization required | 81211  | 81213  | 81432  | 81433  |
| <b>Breast reconstruction (non-mastectomy)</b><br>Reconstruction of the breast except when following mastectomy  | Prior authorization required | 19318<br>19342<br>19364<br>19369<br>L8600  | 19328<br>19350<br>19366<br>19370   | 19330<br>19357<br>19367<br>19371   | 19340<br>19361<br>19368<br>19380   |
| <b>Circumcision</b>   | Prior authorization required | 54161  |  |  |  |
| <b>Cochlear implants and other auditory implants</b><br>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<br>L8614<br>L8692  | 69715<br>L8619   | 69718<br>L8690   | 69930<br>L8691   |
| <b>Cosmetic and reconstructive</b><br>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function<br><br>Reconstructive procedures that treat a medical condition or improve or restore physiologic function | Prior authorization required | 11960<br>15822<br>17106<br>21137<br>21175<br>21182<br>21235<br>21263<br>21280<br>21742<br>30545<br>67901<br>67906<br>67912<br>67917<br>67924 | 11971<br>15823<br>17107<br>21138<br>21179<br>21183<br>21256<br>21267<br>21282<br>21743<br>30560<br>67902<br>67908<br>67914<br>67921<br>67950 | 15820<br>15830<br>17108<br>21139<br>21180<br>21184<br>21260<br>21268<br>21295<br>28344<br>30620<br>67903<br>67909<br>67915<br>67922<br>67961 | 15821<br>15847<br>17999<br>21172<br>21181<br>21230<br>21261<br>21275<br>21740<br>30540<br>67900<br>67904<br>67911<br>67916<br>67923<br>67966 |

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| Procedures and Services  | Additional Information  | Current Procedural Terminology (CPT) Codes   |  |  |  |
|--|---|--|--|--|--|
| <p><b>Durable medical equipment (DME) – more than \$500</b><br/>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<br/>E0194<br/>E0277<br/>E0328<br/>E0460<br/>E0471<br/>E0486<br/>E0637<br/>E0650<br/>E0667<br/>E0673<br/>E0693<br/>E0745<br/>E0783<br/>E0948<br/>E1003<br/>E1007<br/>E1011<br/>E1036<br/>E1090<br/>E1220<br/>E1232<br/>E1236<br/>E1250<br/>E1300<br/>E1840<br/>E2228<br/>E2310<br/>E2322<br/>E2329<br/>E2351<br/>E2376<br/>E2599<br/>E2628<br/>E8001<br/>K0008<br/>K0108<br/>K0802<br/>K0812<br/>K0824<br/>K0828<br/>K0836<br/>K0840<br/>K0848<br/>K0852<br/>K0856<br/>K0860</p> | <p>A9900<br/>E0265<br/>E0300<br/>E0329<br/>E0465<br/>E0472<br/>E0601<br/>E0638<br/>E0651<br/>E0668<br/>E0675<br/>E0694<br/>E0762<br/>E0784<br/>E0984<br/>E1004<br/>E1008<br/>E1018<br/>E1085<br/>E1130<br/>E1229<br/>E1233<br/>E1237<br/>E1260<br/>E1310<br/>E2100<br/>E2230<br/>E2311<br/>E2325<br/>E2330<br/>E2370<br/>E2510<br/>E2616<br/>E2629<br/>E8002<br/>K0011<br/>K0606<br/>K0806<br/>K0821<br/>K0825<br/>K0829<br/>K0837<br/>K0841<br/>K0849<br/>K0853<br/>K0857<br/>K0861</p> | <p>A9999<br/>E0266<br/>E0302<br/>E0445<br/>E0466<br/>E0483<br/>E0620<br/>E0641<br/>E0652<br/>E0669<br/>E0691<br/>E0700<br/>E0764<br/>E0786<br/>E0986<br/>E1005<br/>E1009<br/>E1030<br/>E1086<br/>E1140<br/>E1230<br/>E1234<br/>E1238<br/>E1285<br/>E1825<br/>E2204<br/>E2300<br/>E2312<br/>E2327<br/>E2331<br/>E2373<br/>E2511<br/>E2626<br/>E2630<br/>K0005<br/>K0013<br/>K0800<br/>K0807<br/>K0822<br/>K0826<br/>K0830<br/>K0838<br/>K0842<br/>K0850<br/>K0854<br/>K0858<br/>K0862</p> | <p>E0193<br/>E0270<br/>E0304<br/>E0457<br/>E0470<br/>E0485<br/>E0636<br/>E0642<br/>E0656<br/>E0670<br/>E0692<br/>E0710<br/>E0782<br/>E0947<br/>E1002<br/>E1006<br/>E1010<br/>E1035<br/>E1089<br/>E1161<br/>E1231<br/>E1235<br/>E1239<br/>E1290<br/>E1830<br/>E2227<br/>E2301<br/>E2321<br/>E2328<br/>E2343<br/>E2375<br/>E2512<br/>E2627<br/>E8000<br/>K0007<br/>K0014<br/>K0801<br/>K0808<br/>K0823<br/>K0827<br/>K0831<br/>K0839<br/>K0843<br/>K0851<br/>K0855<br/>K0859<br/>K0863</p> |

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| Procedures and Services  | Additional Information  | Current Procedural Terminology (CPT) Codes |       |       |       |
|--|---|--|-------|-------|-------|
| <b>Durable medical equipment (DME): more than \$500 (cont'd)</b><br>DME codes listed with a billed amount or cumulative rental cost of more than \$500 – outpatient only |   | K0864                                      | K0868 | K0869 | K0870 |
|  |   | K0871                                      | K0877 | K0878 | K0879 |
|  |   | K0880                                      | K0884 | K0885 | K0886 |
|  |   | K0890                                      | K0891 | K0898 | K0899 |
|  |   | T5999                                      | V5281 | V5282 | V5283 |
|  |   | V5286                                      | V5287 | V5288 | V5290 |
| <b>Elective/planned inpatient admissions</b>   | Notification required at least five business days prior to non-emergency, non-urgent hospital admissions and/or outpatient services   |  |       |       |       |
| <b>Emergent/urgent inpatient admissions</b>  | Prior authorization not required for urgent or emergent inpatient admissions – however, notification of admissions required within 24 hours   |  |       |       |       |
| <b>Enteral and parenteral services</b><br>In-home nutritional therapy, either enteral or through a gastrostomy tube  | Prior authorization required<br><br>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> > Providers > Pharmacy > Mississippi Preferred Drug List. | B4034                                      | B4035 | B4036 | B9000 |
|  |   | B9002                                      | B9998 | B9999 |       |
| <b>Experimental and investigational</b>  | Prior authorization required  | 33477                                      | 36514 | 54240 | 55866 |
|  |   | 61863                                      | 61864 | 61867 | 61868 |
|  |   | 61886                                      | 62264 | 62290 | 62291 |
|  |   | 62292                                      | 64555 | 64722 | 66180 |
|  |   | 95965                                      | 95966 | 95967 | A6000 |
|  |   | A9274                                      | A9276 | A9277 | A9278 |
|  |   | E0231                                      | E1831 | S1040 |       |
| <b>Femoroacetabular impingement syndrome (FAI)</b>   | Prior authorization required  | 29914                                      | 29915 | 29916 |       |
| <b>Functional endoscopic sinus surgery (FESS)</b>  | Prior authorization required  | 31239                                      | 31240 | 31254 | 31255 |
|  |   | 31256                                      | 31267 | 31276 | 31287 |
|  |   | 31288                                      |       |       |       |
| <b>Hearing aids</b>  | Prior authorization is required   | 92591                                      | 92595 | V5010 | V5014 |
|  |   | V5030                                      | V5040 | V5050 | V5060 |
|  |   | V5100                                      | V5120 | V5254 | V5255 |
|  |   | V5256                                      | V5257 | V5258 | V5259 |
|  |   | V5260                                      | V5261 |       |       |
| <b>Home health care</b>  | Prior authorization required only in outpatient settings, to include patient's home   | S9123                                      | S9124 |       |       |

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|---|------------------------------|--|-------|-------|-------|
| <b>Injectable medications</b>   | Prior authorization required | <b>Acthar®</b><br>J0800<br><br><b>Botox®</b><br>J0585    J0586    J0587    J0588<br><br><b>Cerezyme®</b><br>J1786<br><br><b>Cinqair®</b><br>J2786<br><br><b>ElELYso®</b><br>J3060<br><br><b>IVIG</b><br>J1459    J1556    J1557    J1559<br>J1561    J1566    J1568    J1569<br>J1572    J1575    J1599<br><br><b>Nucala®</b><br>J2182<br><br><b>Unclassified*</b><br>J3490    J3590<br><br><b>Xolair®</b><br>J2357<br><br>*For Unclassified codes J3490 and J3590, prior authorization is only required for Exondys 51™, Ocrevus™, and Spinraza™. |       |       |       |
| <b>Joint replacement</b><br>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 |       |       |
| <b>Non-emergent air ambulance transport</b>   | Prior authorization required | A0430  | A0431 | A0435 | A0436 |
| <b>Orthognathic surgery</b><br>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><b>Orthotics and prosthetics: more than \$500</b><br/>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> | <p>L0112<br/>L0464<br/>L0486<br/>L0632<br/>L0638<br/>L0810<br/>L1000<br/>L1310<br/>L1700<br/>L1755<br/>L1844<br/>L1945<br/>L2005<br/>L2034<br/>L2060<br/>L2128<br/>L2525<br/>L2999<br/>L3202<br/>L3207<br/>L3215<br/>L3221<br/>L3251<br/>L3649<br/>L3730<br/>L3765<br/>L3904<br/>L3971<br/>L3977<br/>L4010<br/>L5020<br/>L5105<br/>L5210<br/>L5270<br/>L5321<br/>L5420<br/>L5510<br/>L5540<br/>L5585<br/>L5610<br/>L5616<br/>L5643<br/>L5647<br/>L5653<br/>L5682<br/>L5702<br/>L5707</p> | <p>L0170<br/>L0480<br/>L0624<br/>L0634<br/>L0640<br/>L0820<br/>L1005<br/>L1499<br/>L1710<br/>L1832<br/>L1845<br/>L1950<br/>L2010<br/>L2036<br/>L2106<br/>L2136<br/>L2526<br/>L3000<br/>L3203<br/>L3212<br/>L3216<br/>L3222<br/>L3252<br/>L3671<br/>L3740<br/>L3766<br/>L3905<br/>L3973<br/>L3978<br/>L4020<br/>L5050<br/>L5150<br/>L5220<br/>L5280<br/>L5331<br/>L5460<br/>L5520<br/>L5560<br/>L5590<br/>L5611<br/>L5639<br/>L5644<br/>L5648<br/>L5661<br/>L5683<br/>L5703<br/>L5716</p> | <p>L0456<br/>L0482<br/>L0629<br/>L0636<br/>L0700<br/>L0830<br/>L1200<br/>L1680<br/>L1720<br/>L1834<br/>L1846<br/>L1970<br/>L2020<br/>L2037<br/>L2108<br/>L2350<br/>L2627<br/>L3160<br/>L3204<br/>L3213<br/>L3217<br/>L3230<br/>L3253<br/>L3674<br/>L3763<br/>L3900<br/>L3961<br/>L3975<br/>L3999<br/>L4631<br/>L5060<br/>L5160<br/>L5230<br/>L5301<br/>L5341<br/>L5500<br/>L5530<br/>L5570<br/>L5595<br/>L5613<br/>L5640<br/>L5645<br/>L5649<br/>L5673<br/>L5700<br/>L5705<br/>L5718</p> | <p>L0462<br/>L0484<br/>L0631<br/>L0637<br/>L0710<br/>L0859<br/>L1300<br/>L1685<br/>L1730<br/>L1840<br/>L1860<br/>L2000<br/>L2030<br/>L2038<br/>L2126<br/>L2510<br/>L2628<br/>L3201<br/>L3206<br/>L3214<br/>L3219<br/>L3250<br/>L3265<br/>L3720<br/>L3764<br/>L3901<br/>L3967<br/>L3976<br/>L4000<br/>L5010<br/>L5100<br/>L5200<br/>L5250<br/>L5312<br/>L5400<br/>L5505<br/>L5535<br/>L5580<br/>L5600<br/>L5614<br/>L5642<br/>L5646<br/>L5651<br/>L5681<br/>L5701<br/>L5706<br/>L5722</p> |

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| Procedures and Services   | Additional Information   | Current Procedural Terminology (CPT) Codes  |   |  |  |
|---|--|---|---|--|--|
| <p><b>Orthotics and prosthetics: more than \$500 (cont'd)</b><br/>Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p> |  | L5724<br>L5781<br>L5811<br>L5818<br>L5828<br>L5848<br>L5930<br>L5962<br>L5973<br>L5981<br>L5987<br>L6000<br>L6055<br>L6130<br>L6300<br>L6360<br>L6384<br>L6550<br>L6584<br>L6621<br>L6648<br>L6690<br>L6695<br>L6707<br>L6712<br>L6880<br>L6884<br>L6905<br>L6925<br>L6945<br>L6965<br>L7008<br>L7170<br>L7186<br>L7499<br>L8042<br>L8046<br>L8609<br>L8659 | L5726<br>L5782<br>L5812<br>L5822<br>L5830<br>L5856<br>L5950<br>L5964<br>L5976<br>L5982<br>L5988<br>L6010<br>L6100<br>L6200<br>L6310<br>L6370<br>L6400<br>L6570<br>L6586<br>L6623<br>L6686<br>L6692<br>L6696<br>L6708<br>L6713<br>L6881<br>L6885<br>L6910<br>L6930<br>L6950<br>L6970<br>L7009<br>L7180<br>L7190<br>L8035<br>L8043<br>L8047<br>L8610<br>V2623 | L5728<br>L5790<br>L5814<br>L5824<br>L5840<br>L5857<br>L5960<br>L5966<br>L5979<br>L5984<br>L5990<br>L6020<br>L6110<br>L6205<br>L6320<br>L6380<br>L6450<br>L6580<br>L6588<br>L6624<br>L6687<br>L6693<br>L6697<br>L6709<br>L6714<br>L6882<br>L6895<br>L6915<br>L6935<br>L6955<br>L6975<br>L7040<br>L7181<br>L7191<br>L8040<br>L8044<br>L8499<br>L8612 | L5780<br>L5795<br>L5816<br>L5826<br>L5845<br>L5858<br>L5961<br>L5968<br>L5980<br>L5986<br>L5999<br>L6050<br>L6120<br>L6250<br>L6350<br>L6382<br>L6500<br>L6582<br>L6590<br>L6646<br>L6689<br>L6694<br>L6704<br>L6711<br>L6715<br>L6883<br>L6900<br>L6920<br>L6940<br>L6960<br>L7007<br>L7045<br>L7185<br>L7405<br>L8041<br>L8045<br>L8500<br>L8631 |
| <p><b>Prescribed pediatric extended care (PPEC)</b></p>   | <p>Prior authorization required</p>  | T1025   | T1026   |  |  |
| <p><b>Private duty nursing</b></p>  | <p>Prior authorization required – when submitting, please use the HCFA1500 form to avoid claim reprocessing.</p> | S9123   | S9124   | T1002  |  |

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|--|------------------------------|---|--|--|--|
| <b>Proton beam therapy</b><br>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><br>Treating nasal functional impairment and septal deviation  | Prior authorization required | 30400<br>30435  | 30410<br>30450   | 30420<br>30460   | 30430<br>30462   |
| <b>Sinuplasty</b>  | Prior authorization required | 31295   | 31296  | 31297  |  |
| <b>Sleep apnea procedures and surgeries</b><br>Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea | Prior authorization required | 21685   | 41599  | 42145  |  |
| <b>Sleep studies</b>   | Prior authorization required | 95805<br>95811  | 95807  | 95808  | 95810  |
| <b>Spinal stimulator for pain management</b><br>Spinal cord stimulators when implanted for pain management   | Prior authorization required | 63650   | 63655  | 63685  |  |
| <b>Spinal surgery</b>  | Prior authorization required | 22100<br>22112<br>22210<br>22224<br>22551<br>22586<br>22610<br>22800<br>22810<br>22830<br>22855<br>63005<br>63016<br>63040<br>63047<br>63064<br>63085<br>63102<br>63180<br>63191<br>63198<br>63251<br>63268<br>63286<br>63303<br>63307<br>0164T | 22101<br>22114<br>22212<br>22532<br>22554<br>22590<br>22612<br>22802<br>22812<br>22849<br>22899<br>63011<br>63017<br>63042<br>63050<br>63075<br>63087<br>63170<br>63182<br>63194<br>63199<br>63252<br>63270<br>63300<br>63304<br>63308 | 22102<br>22206<br>22214<br>22533<br>22556<br>22595<br>22630<br>22804<br>22818<br>22850<br>63001<br>63012<br>63020<br>63045<br>63055<br>63077<br>63090<br>63172<br>63185<br>63195<br>63200<br>63265<br>63271<br>63301<br>63305<br>64553 | 22110<br>22207<br>22220<br>22548<br>22558<br>22600<br>22633<br>22808<br>22819<br>22852<br>63003<br>63015<br>63030<br>63046<br>63056<br>63081<br>63101<br>63173<br>63190<br>63196<br>63250<br>63267<br>63272<br>63302<br>63306<br>64570 |

| Procedures and Services   | Additional Information       | Current Procedural Terminology (CPT) Codes                  |
|---|------------------------------|---|
| <b>Vagus nerve stimulation</b><br>Implantation of a device that sends electrical impulses into one of the cranial nerves  | Prior authorization required | 61885    64568    L8682    L8685<br>L8686    L8687    L8688 |
| <b>Vein procedures</b><br>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<br>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> | Prior authorization required<br><br>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.   |
| <b>Cardiology</b>                 | Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance<br><br>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 <b>UnitedHealthcareOnline.com</b> > Notifications/Prior Authorizations > Cardiology Notification & Authorization – Submission & Status, or call <b>866-889-8054</b> .<br><br>For more details and the CPT codes that require prior authorization, please visit <b>UHCCommunityPlan.com</b> > For Health Care Professionals > Mississippi > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk   |
| <b>Chemotherapy</b>               | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis   | <p><b><u>Injectable chemotherapy drugs that require prior authorization:</u></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>To submit a prior authorization online request for injectable chemotherapy drugs, please log on to <b>UnitedHealthcareOnline.com</b> &gt; Notifications/Prior Authorizations &gt; Oncology</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>Chemotherapy (cont'd)</b>  |   | Authorization Submission and Status > Submit or Look Up Chemotherapy Prior Authorization Request.   |
| <b>Out-of-network services</b><br>A referral to a health care provider not contracted with UnitedHealthcare   | All out-of-network services require prior authorization   |   |
| <b>Radiology</b>  | <p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul> | <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 <b>UnitedHealthcareOnline.com</b> &gt; Notifications/Prior Authorizations &gt; Radiology Notification &amp; Authorization – Submission &amp; Status, or call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCommunityPlan.com</b> &gt; For Health Care Professionals &gt; Mississippi &gt; Radiology &gt; CPT Code List.</p> |
| <b>Transplants</b>  | Prior authorization required  | For transplant services, 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.  |
| <b>Ventricular assist devices</b><br>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 <b>855-282-8929</b>.</p> <p>33975    33976    33979    33981<br/>33982    33983    0051T    0052T<br/>0053T</p>   |