

# Prior Authorization Requirements for Mississippi – Mississippi Coordinated Access Network (MississippiCAN) Effective January 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> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
<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 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
<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	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

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



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Durable medical equipment (DME) – more than \$500 (cont'd)</b> 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>

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



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 billed amount or cumulative rental cost of more than \$500 – outpatient only		K0890 T5999 V5286	K0891 V5281 V5287	K0898 V5282 V5288	K0899 V5283 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> 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 <a href="http://Medicaid.ms.gov">Medicaid.ms.gov</a> > Providers > Pharmacy > Mississippi Preferred Drug List.	B4034 B9002	B4035 B9998	B4036 B9999	B9000
<b>Experimental and investigational</b>	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
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31239 31256 31288	31240 31267	31254 31276	31255 31287
<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 services</b>	Prior authorization required only in outpatient settings, to include member's home	S9123	S9124		

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



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Injectable medications</b>	Prior authorization required	<b>Acthar</b> J0800 <b>Botox</b> J0585      J0586      J0587      J0588 <b>Cerezyme</b> J1786 <b>ElELYso</b> J3060 <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> 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> 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	
<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	Prior authorization required only in outpatient settings, to include member's home	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

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



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><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</p>		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 L5707 L5724 L5781 L5811 L5818 L5828 L5848 L5930 L5962	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 L5716 L5726 L5782 L5812 L5822 L5830 L5856 L5950 L5964	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 L5718 L5728 L5790 L5814 L5824 L5840 L5857 L5960 L5966	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 L5722 L5780 L5795 L5816 L5826 L5845 L5858 L5961 L5968

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



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<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	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		
<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
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	

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



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<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	
<b>Sleep studies</b>	Prior authorization required	95805 95811	95807	95808	95810
<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	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
		0164T			
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885 L8686	64568 L8687	L8682 L8688	L8685
<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	36475 37722	36478 37780	37700	37718
<b>Wound vac</b>	Prior authorization required	E2402			

<b>Additional Advance Notification and Prior Authorization Programs</b>		
<b>Procedures and Services</b>	<b>Additional Information</b>	<b>Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization</b>
<b>Behavioral health services</b>	<p>Prior authorization required</p> <p>Behavioral health services through a designated behavioral health network</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 at <b>UnitedHealthcareOnline.com</b> &gt; Notifications/Prior Authorizations &gt; Cardiology 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; 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><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), Levoleukovorin (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 Authorization Submission and Status &gt; Submit or Look Up Chemotherapy Prior Authorization Request.</p>
<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>	<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> </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;</p>



<b>Additional Advance Notification and Prior Authorization Programs</b>														
<b>Procedures and Services</b>	<b>Additional Information</b>	<b>Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization</b>												
<b>Radiology (cont'd)</b>	<ul style="list-style-type: none"> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>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 ID card.												
<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>	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> <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														