

Prior Authorization Requirements for Mississippi - Children's Health Insurance Program Effective July 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 > 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 or Optum Cloud Dashboard. Not registered online? Click **New User** on the home page under the login button at 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			
Bariatric surgery	Inpatient and Outpatient bariatric surgery and obesity-related services	43644	43645	43647	43648
		43659	43770	43771	43772
		43773	43774	43775	43842
		43843	43845	43846	43847
		43848	43860	43865	43881
		43882	43886	43887	43888
		64590	95980	95981	95982
Bone growth stimulator	Electronic stimulation or ultrasound to heal fractures	20974	20975	20979	E0747
		E0748	E0749	E0760	
BRCA genetic testing		81162	81211	81212	81213
		81214	81215	81216	81217
		81432	81433		
Breast reconstruction (non-mastectomy)	Reconstruction of the breast except when following mastectomy	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
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	69710	69714	69715	69717
		69718	69930	L8614	L8615
		L8616	L8617	L8618	L8619
		L8627	L8628	L8690	L8691
		L8692	L8693		
Cosmetic and reconstructive	Advance notification required for both inpatient and outpatient cosmetic and reconstructive services	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	17106	17107	17108
	Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21260
	Reconstructive procedures that treat a	21261	21263	21267	21268

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Cosmetic and reconstructive – (cont'd)	medical condition or improve or restore physiologic function	21275 21740 30540 67900 67904 67911 67916 67923 67966	21280 21742 30545 67901 67906 67912 67917 67924 Q2026	21282 21743 30560 67902 67908 67914 67921 67950	21295 28344 30620 67903 67909 67915 67922 67961
Durable medical equipment (DME) – more than \$500	<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>	A6549 A9900 E0265 E0277 E0302 E0445 E0466 E0483 E0620 E0641 E0666 E0670 E0675 E0694 E0762 E0784 E0984 E1004 E1008 E1018 E1085 E1130 E1226 E1232 E1236 E1250 E1300 E2100 E2230 E2311 E2325 E2330 E2370 E2510 E2614 E2626 E2630	A9275 A9999 E0266 E0296 E0304 E0457 E0470 E0485 E0636 E0642 E0667 E0671 E0691 E0700 E0764 E0786 E0986 E1005 E1009 E1030 E1086 E1140 E1229 E1233 E1237 E1260 E1825 E2204 E2300 E2312 E2327 E2331 E2373 E2511 E2616 E2627 E8000	A9279 E0193 E0270 E0297 E0328 E0460 E0471 E0486 E0637 E0650 E0668 E0672 E0692 E0710 E0782 E0947 E1002 E1006 E1010 E1035 E1089 E1161 E1230 E1234 E1238 E1285 E1830 E2227 E2301 E2321 E2328 E2343 E2375 E2512 E2620 E2628 E8001	A9280 E0194 E0274 E0300 E0329 E0465 E0472 E0601 E0638 E0656 E0669 E0673 E0693 E0745 E0783 E0948 E1003 E1007 E1011 E1036 E1090 E1220 E1231 E1235 E1239 E1290 E1840 E2228 E2310 E2322 E2329 E2351 E2376 E2599 E2621 E2629 E8002

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 Prosthetics are not DME (see <i>Prosthetics and Orthotics notification requirement</i>).	K0005 K0013 K0609 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0479 Q0483 Q0490 Q0502 T1999 V5269 V5274 V5284 V5288	K0007 K0014 K0730 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 Q0480 Q0484 Q0491 Q0503 T5999 V5270 V5281 V5285 V5289	K0008 K0108 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 Q0481 Q0488 Q0495 Q0504 V2786 V5271 V5282 V5286 V5290	K0011 K0606 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 Q0482 Q0489 Q0496 Q0506 V5268 V5272 V5283 V5287
Enteral and parenteral services	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
Experimental and investigational		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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Femoroacetabular impingement syndrome (FAI)		29914	29915	29916	
Functional endoscopic sinus surgery (FESS)		31237 31255 31287	31239 31256 31288	31240 31267	31254 31276
Hearing services	Prior authorization required	92590 92594 V5011 V5050 V5120 V5220 V5244 V5248 V5252 V5256 V5260 V5267	92591 92595 V5014 V5060 V5170 V5230 V5245 V5249 V5253 V5257 V5261 V5298	92592 S0618 V5030 V5095 V5180 V5242 V5246 V5250 V5254 V5258 V5262	92593 V5010 V5040 V5100 V5190 V5243 V5247 V5251 V5255 V5259 V5263
Home health		99503 G0155 G0159 G0163 S9122 S9128	G0151 G0156 G0160 G0164 S9123 S9129	G0152 G0157 G0161 G0299 S9124	G0153 G0158 G0162 G0300 S9127 S9474
Injectable medications	*Prior notification obtained through OptumRx at 800-310-6826	Acthar J0800 Botox J0585 J0586 J0587 J0588 Cerezyme J1786 Elelyso J3060 IVIG J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 Makena/17P J1725 J2675 Synagis 90378 Xolair* J2357			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
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 J7330	23474 24363 27122 27134 27446 29866 S2112
Non-emergent air ambulance transport		A0430	A0431	S9960	S9961
Orthognathic surgery	Treatment of maxillofacial (jaw) functional impairment	21121 21127 21145 21151 21160 21195 21206 21215 21245 21249 30465	21122 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299
Orthotics and prosthetics – more than \$500	<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>	L0112 L0460 L0480 L0488 L0631 L0636 L0640 L0820 L1005 L1499 L1690 L1730 L1840 L1846 L1950 L2005 L2034 L2060 L2116 L2134 L2525 L2999 L3031 L3203 L3212 L3216 L3222	L0170 L0462 L0482 L0491 L0632 L0637 L0700 L0830 L1200 L1680 L1700 L1755 L1843 L1860 L1951 L2010 L2036 L2106 L2126 L2136 L2526 L3000 L3160 L3204 L3213 L3217 L3230	L0456 L0464 L0484 L0624 L0634 L0638 L0710 L0859 L1300 L1685 L1710 L1832 L1844 L1932 L1970 L2020 L2037 L2108 L2128 L2350 L2627 L3010 L3201 L3206 L3214 L3219 L3250	L0458 L0470 L0486 L0629 L0635 L0639 L0810 L1000 L1310 L1686 L1720 L1834 L1845 L1945 L2000 L2030 L2038 L2114 L2132 L2510 L2628 L3020 L3202 L3207 L3215 L3221 L3251

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics and prosthetics – more than \$500 (cont'd.)	Orthotics and prosthetics codes listed with a retail purchase or cumulative rental cost of more than \$500	L3252	L3253	L3265	L3649
		L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3765
	For members younger than 21, prior authorization required.	L3766	L3900	L3901	L3904
		L3905	L3960	L3961	L3962
		L3967	L3971	L3973	L3975
	For members 21 and older, no prior authorization required, please check benefits.	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
		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	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics and prosthetics – more than \$500 (cont'd.)	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.	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	L8605
L8609	L8610	L8612	L8631		
L8659	V2623	V2627			
Private duty nursing		T1000	T1001	T1002	T1003
Proton beam therapy	Focused radiation therapy using beams of protons (tiny particles with a positive charge)	77520	77522	77523	77525
Septoplasty and rhinoplasty	Treating nasal functional impairment and septal deviation	30400	30410	30420	30430
		30435	30450	30460	30462
Sinuplasty		31295	31296	31297	
Sleep apnea procedures and surgeries	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	21685	41530	41599	42145
Sleep studies		95805	95807	95808	95810
		95811			
Spinal stimulator for pain management	Spinal cord stimulators when implanted for pain management	63650	63655	63685	
Spinal surgery	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	22856	22861	22864
		22865	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Spinal surgery (cont'd.)		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
Vagus nerve stimulation	Implantation of a device that sends electrical impulses into one of the cranial nerves	61885	64568	L8680	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 866-889-8054 For details, including a list of CPT codes that require prior authorization, go to UHCCommunityPlan.com > 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
Out-of-network services	A referral to a health care provider not contracted with UnitedHealthcare	All out-of-network services require prior authorization.
Radiology prior authorization		<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 866-889-8054.</p> <p>For more information and a list of CPT codes requiring prior authorization, go to UHCCommunityPlan.com > <i>Radiology</i> > <i>2014 CPT Code List</i>.</p>
Transplants		For transplant services, call OptumHealth at 800-418-4994 or the notification number on the back of 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	Fax OptumHealth directly at 877-814-0488 or call the notification number on the back of the member's ID card.