

Prior authorization requirements for Kansas Medicaid

Effective September 1, 2023

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Kansas health care professionals providing inpatient and outpatient services.

For prior authorization, please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare ID and password. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Phone:** Call **866-604-3267**
- To request prior authorization for the Pediatric Care Network (PCN), please call PCN at **833-802-6427**, 8 a.m.–5 p.m. CT, Monday–Friday.

Note: Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services, excluding emergent or urgent care.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Behavioral health services	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services. For applied behavior analysis (ABA) therapy, submit via fax or Provider Express			
Bariatric surgery	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
Bone growth stimulator	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
Breast cancer (BRCA) genetic testing	Prior authorization required	81162	81163	81164	81165
		81166	81212	81432	81433

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	11971	19316	19318	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
Cancer supportive care	<p>Prior authorization required</p> <p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis. *Codes J1442, J1447, J1448, J2506, J2820, J0897, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122, Q5125 will also require prior authorization for non-oncology diagnosis (DX). See the injectable medications section below.</p>	<p>Injectable colony-stimulating factor drugs that require prior authorization:</p> <p>Bio similar (Zarxio®) Q5101*</p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122*</p> <p>Pegfilgrastim (Neulasta®) J2506</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p>Trilaciclib (Cosela™) J1448*</p> <p>Filgrastim-ayow (Releuko®) Q5125*</p> <p>Bone-modifying agents that require prior authorization: Denosumab (Xgeva®) J0897*</p> <p>Antiemetic drugs J1456</p> <p>Colony Stimulating Factors** J1449</p> <p>Erythropoiesis-Stimulating Agents** J0885</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, go to UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare ID and password. Then,</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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select the Prior Authorization and Notification tile on your dashboard. Or you can call **888-397-8129**.

**** Codes effective 10/1/23**

Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231		
		DX not req prior authorization (PA)			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			

Chemotherapy

Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis

Injectable chemotherapy drugs that require prior authorization:

- Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)
- Chemotherapy injectable drugs that have a Q code
- Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code

Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare ID and password. Then, select the Prior Authorization

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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and Notification tile on your dashboard. Or you can call **888-397-8129**.

Cochlear implants and other auditory implants	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech					
Continuous glucose monitor	Prior authorization required with Type 2 diabetes diagnosis	A4226 E2102	A4238 E2103	A4239	E0787
Cosmetic and reconstructive procedures	Prior authorization required	11960	14020*	14021*	14060
		14061*	14301	15820	15821
		15822	15823	15830	15847
		15877	15878	15879	17106
		17107	17108	17999	21137
		21138	21139	21172	21175
		21179	21180	21181	21182
		21183	21184	21230	21235
		21256	21275	21280	21282
		21295	21740	21742	21743
		28344	30620	55970	55980
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
67916	67917	67921	67922		
67923	67924	67950	67961		
67966	Q2026				
*Will NOT require prior authorization when billed with skin cancer diagnoses					
These surgical codes with the following DX codes:					
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Cosmetic and reconstructive procedures (cont.)		55180	56625	56800	56805	
		57110	57335	58150	58180	
		58260	58262	58290	58291	
		58541	58542	58543	58544	
		58550	58552	58553	58554	
		58570	58571	58572	58573	
		58661	58720	58940	64856	
		64892	64896			
Durable medical equipment (DME)	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.	A9900	E0194	E0265	E0266	
		E0270	E0277	E0300	E0328	
		E0329	E0445	E0457	E0465	
		E0466	E0470	E0471	E0483	
		E0486	E0620	E0636	E0637	
		E0652	E0656	E0669	E0670	
		Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0675	E0693	E0694	E0700
			E0710	E0745	E0762	E0764
			E0766	E0784	E0984	E0986
			E1002	E1003	E1004	E1005
	E1006		E1007	E1008	E1009	
	E1010		E1030	E1035	E1036	
	E1130		E1161	E1229	E1231	
	E1232		E1233	E1234	E1235	
	E1236		E1237	E1238	E1239	
	E1399		E1825	E2100	E2227	
	E2228		E2300	E2301	E2310	
	E2311		E2322	E2325	E2327	
	E2329		E2331	E2351	E2373	
	E2510	E2511	E2512	E2599		
	E2626	E2627	E2628	E2629		
	E2630	K0005	K0008	K0013		
	K0108	K0812	K0830	K0831		
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	S1040	T1999			
	V2786					
Enteral services	Prior authorization required	B4160	B9002	B9998		
In-home nutritional therapy, either enteral or through a gastrostomy tube						

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	65765	
		65767	66180	A4638	A9274	
		E0231	E1831	S0810	S9990	
		S9991				
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916		
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255	
		31256	31257	31259	31267	
		31276	31287	31288		
Genetic and molecular testing to include BRCA	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108	
		81109	81110	81111	81120	
		81121	81162	81163	81164	
		81165	81166	81167	81168	
	Health care professionals requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name.	81170	81171	81172	81173	
		81174	81175	81176	81177	
		81178	81179	81180	81181	
		81182	81183	81184	81185	
		81186	81187	81188	81189	
		81190	81191	81192	81193	
		81194	81200	81201	81203	
		81204	81205	81208	81209	
		81212	81218	81220	81222	
		81223	81224	81225	81226	
		81228	81229	81230	81231	
		81232	81233	81234	81236	
		81237	81238	81239	81240	
	Payment will be authorized for those CPT codes registered with the genetic and molecular testing prior authorization/notification program for each specified genetic test.	81241	81242	81243	81244	
		81245	81246	81247	81248	
		81249	81250	81251	81254	
		81255	81256	81257	81258	
		Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering health care professional must notify the laboratory conducting the test, and the laboratory will notify UnitedHealthcare.	81259	81260	81261	81262
			81263	81264	81265	81267
			81268	81269	81271	81272
			81273	81274	81276	81277
			81278	81279	81283	81284
			81285	81286	81287	81288
81289	81290		81291	81292		
81294	81295	81297	81298			
81300	81302	81304	81305			
81306	81307	81309	81310			
81312	81313	81314	81315			
81316	81317	81318	81319			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include BRCA genetic testing (cont.)		81320	81321	81322	81323
		81324	81326	81328	81329
		81330	81331	81332	81333
		81334	81335	81336	81337
		81338	81339	81340	81341
		81342	81343	81344	81345
		81346	81347	81348	81350
		81351	81352	81353	81357
		81360	81361	81362	81363
		81364	81370	81371	81372
		81373	81375	81376	81377
		81378	81379	81380	81381
		81382	81383	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81412
		81419	81420	81432	81433
		81434	81437	81438	81440
		81442	81443	81445	81448
		81460	81465	81470	81471
		81507	81518	81519	81520
	81521	81522	81546	81554	
	81595	87505	87506	87507	
	87623	0157U	0158U	0159U	
	0160U	0161U			
Home health services	Prior authorization is required only in outpatient settings, to include member's home. The following procedure codes require documentation of a face-to-face visit within 90 days before the start of services.	G0299	G0300	T1002	T1003
Injectable medications	Prior authorization required	Abilify Maintena® J0401 Actemra® J3262 Acthar® J0800 Adakveo® J0791 Adasuve® J2062 Adcetris®			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
Injectable medications (cont.)	J9042		
	Aduhelm®		
	J0172		
	Adynovate®		
	J7207		
	Akynzeo®		
	J1454		
	Aliqopa		
	J9057		
	Alprolix®		
	J7201		
	Amivantamab (Rybrevant)		
	J9999		
	Amondys 45		
	J1426		
	Amvuttra™		
	J0225		
	Anti-thymocyte globulin (Atgam®)		
	J7504		
	Aralast NP, Prolastin-C, Zemaira		
	J0256		
	Aristada®		
	J1944		
	Aristada Initio®		
	J1943		
	Arranon®		
	J9261		
	Arzerra		
	J9302		
	Azedra®		
	A9590		
	Avonex®		
	J1826		Q3027 Q3028
	Avsola™		
Q5121			
Bavencio®			
J9023			
Belantamab mafodotin-blmf (Blenrep)			
J9037			
Belinostat (Beleodaq)			
J9032			
Bendeka®			
J9034			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Benlysta®				
	J0490				
	Betaseron®				
	J1830				
	Bevacizumab-awwb (Mvasi)				
	Q5107				
	Bicnu				
	J9050				
	Blincyto®				
	J9039				
	Bortezomib (Velcade)				
	J9041				
	Botulinum toxins				
	J0585	J0586	J0587	J0588	
	Calaspargase pegol-mknl (Asparlas)				
	J9118				
	Camptosar®				
	J9206				
	Cemiplimab-rwlc (Libtayo)				
	J9119				
	Cerezyme®				
	J1786				
	Chlorpromazine®				
	J3230				
	Cimzia®*				
	J0717				
	Cinqair®				
	J2786				
	Cinvanti®				
	J0185				
	Clofarabine (Clolar)				
	J9027				
Crysvita®					
J0584					
Cutaquig®					
J1551					
Cyramza®					
J9308					
Darzalex®					
J9145					
Darzalex Faspro®					
J9144					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		<p>Dinutuximab (Unituxin) J9999</p> <p>Doxorubicin Doxil) Q2050</p> <p>Elaprase® J1743</p> <p>Elelyso® J3060</p> <p>Elliotts B® solution J9175</p> <p>Eloctate® J7205</p> <p>Emend Fosaprepitant® J1453</p> <p>Empliciti® J9176</p> <p>Enbrel® J1438</p> <p>Enhertu J9358</p> <p>Erbitux J9055</p> <p>Eribulin mesylate (Halaven) J9179</p> <p>Evenity™ J3111</p> <p>Evkeeza J1305</p> <p>Evomela J9246</p> <p>Exondys 51™ J1428</p> <p>Fabrazyme® J0180</p> <p>Fasenra™ J0517</p> <p>Firazy® J1744</p> <p>Flolan® J1325</p> <p>Fluphenazine Decanoate® J2680</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Injectable medications (cont.)		Fynetra® Q5130
		Gamifant® J9210
		Gazyva® J9301
		Givlaari® J0223
		Glassia® J0257
		Glatiramer (Glatopa®, Copaxone®) J1595
		Glucarpidase (Voraxaze®) J3590 C9293
		Granix J1447
		Haloperidol Decanoate® J1631
		Hemgenix® J1411
		Herceptin® J9355
		Herceptin Hylecta® J9356
		Herzuma® Q5113
		Idelvion® J7202
		Ilaris® J0638
		Ilumya™ J3245
		Imfinzi® J9173
		Inflectra® Q5103
		Infugem™ J9198
		Inotuzumab ozogamicin (Besponsa) J9229
		Invega Sustenna® J2426

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Isatuximab-irfc (Sarclisa)	J9227			
	IVIG				
		90283	J1459	J1555	J1556
		J1557	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1576	J1599		
	Ixempra®				
		J9207			
	Jemperli				
		J9272			
	Jevtana®				
		J9043			
	Jivi®				
		J7208			
	Kadcyla®				
		J9354			
	Kanjinti				
		Q5117			
	Keytruda®				
		J9271			
	Khapzory				
		J0642			
	Kyprolis®				
		J9047			
	Lartruvo®				
		J9285			
	Lemtrada®				
		J0202			
	Leqembi®				
		J0174			
	Leukine®				
		J2820			
	Leuprolide Acetate				
		J9218			
	Loncastuximab tesirine (Zynlonta)				
		C9399	J9999		
	Lucentis®				
		J2778			
	Lumizyme®				
		J0221			
	Lumoxiti®				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	J9313 Lurbinectedin (Zepzelca) J9223	
	Lutathera® A9513	
	Luxturna™ J3398	
	Margetuximab-cmkb (Margenza) J9353	
	Marqibo J9371	
	Mesnex® J9209	
	Mitomycin pyelocalyceal (Jelmyto) J9281	
	Mogamulizumab-kpkc (Poteligeo) J9204	
	Mozobil® J2562	
	Naxitamab-gqgk (Danyelza) J9348	
	Neulasta® J2506	
	Neupogen® J1442	
	Nplate® J2796	
	Nucala® J2182	
	Ocrevus™ J2350	
	Octreotide (Sandostatin®) J2354	
	Ogivri® Q5114	
	Olanzapine, Zyprexa S0166	
	Omacetaxine (Synribo) J9262	
	Oncaspar J9266	
	Onivyde® J9205	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		<p>Onpattro™ J0222</p> <p>Ontruzant® Q5112</p> <p>Opdivo® J9299</p> <p>Orencia® J0129</p> <p>Paclitaxel protein-bound (Abraxane) J9264</p> <p>Parsabiv™ J0606</p> <p>Pemetrexed (Alimta) J9305</p> <p>Pemfexy J9304</p> <p>Pepaxton® J9247</p> <p>Perjeta® J9306</p> <p>Perseris® J2798</p> <p>Phesgo® J9316</p> <p>Porfimer sodium (Photofrin) J9600</p> <p>Portrazza J9295</p> <p>Pralatrexate (Folotyn) J9307</p> <p>Prialt® J2278</p> <p>Prolia Zgeva® J0897</p> <p>Provenge® Q2043</p> <p>Rebinyn® J7203</p> <p>Rasburicase (Elitek®) J2783</p> <p>Reblozyl® J0896</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Releuko®
		Q5125
		Remicade®
		J1745
		Remodulin Treprostinil®
		J3285
		Renflexis®
		Q5104
		Riabni®
		Q5123
		Risperdal Consta®
		J2794
		Rituxan®
		J9312
		Rituxan Hycela®
		J9311
		Romidepsin (Istodax)
		J9315
		Rybrevant®
		J9061
		Rylaze™
		J9021
		Ryplazim™
		J2998
		Sandostatin® LAR
		J2353
		Simponi Aria®
		J1602
	Skyrizi®	
	J2327	
	Soliris®	
	J1300	
	Spinraza™	
	J2326	
	Spravato™	
	S0013	
	Stelara®	
	J3358	
	Sunlenca®	
	J1961	
	Supprelin® LA	
	J9226	
	Synagis®*	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)		90378		
		Tafasitamab-cxix (Monjuvi)		
		J9349		
		Tagraxofusp-erzs (Elzonris)		
		J9269		
		Tecentriq®		
		J9022		
		Tepezza®		
		J3241		
		Tezspire™		
		J2356		
		Therapeutic Radiopharmaceuticals		
		A9606	A9607	A9699
		Trazimera™		
		Q5116		
		Treanda®		
		J9033		
		Trelstar®		
		J3315		
		Tremfya®		
		J1628		
		Triptodur®		
		J3316		
		Trodelvy®		
		J9317		
		Truxima®		
		Q5115		
		Tysabri®		
		J2323		
		Tyvaso®		
	J7686			
	Tzield®			
	J9381			
	Ultomiris®			
	J1303			
	Unclassified codes**			
	C9149	C9399	J3490	
			J3590	
	Uplizna®			
	J1823			
	Valstar®			
	J9357			
	Varubi®			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J2797			
		Vectibix®			
		J9303			
		Ventavis®			
		Q4074			
		Viltepso™			
		J1427			
		VPRIV®			
		J3385			
		Vyepti™			
		J3032			
		Vyondys 53®			
		J1429			
		Vyxeos®			
		J9153			
		White Blood Cell Colony Stimulating Factors			
		J1442	J1447	J1448	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122		
		Xembify®			
		J1558			
		Xenpozyme®			
		J0218			
		Xiaflex®			
		J0775			
		Xolair®			
		J2357			
		Xofigo®			
		A9606			
		Yervoy®			
		J9228			
		Yondelis®			
		J9352			
	Zaltrap®				
	J9400				
	Zarxio®				
	Q5101				
	Zolgensma®				
	J3399				
	Zyprexa Relprevv®				
	J2358				
	Please check our Review at Launch for New to Market				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)		<p>Medications – Community Plan Medical Benefit Drug Policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our Review at Launch for New to Market Medications – Community Plan Medical Benefit Drug Policy. Predetermination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications – Community Plan Medical Benefit Drug Policy is available at Community Plan Medical & Drug Policies and Coverage Determination Guidelines.</p> <p>* Please obtain prior notification for Cimzia and Synagis through OptumRx prior notification services at 800-310-6826.</p> <p>** For unclassified and temporary codes C9399, J3490, J3590, J9999, prior authorization is only required for Briumvi, Elevidys, Elfabrio, Fyarro, Invega Hafyera®, Lamzede, Nexviazyme, Nulibry, Revatio, Roctavian, Saphnelo, Tivdak, Upravi®, Vabysmo™ and Zynteglo</p> <p>*** For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on Sign In in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129</p>			
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Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330		

Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	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	

Orthotics and prosthetics	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)	rental cost of more than \$500.	L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L0999	L1000	L1005	L1200
		L1300	L1310	L1499	L1680
		L1685	L1700	L1710	L1720
		L1730	L1755	L1820	L1832
		L1834	L1840	L1844	L1845
		L1846	L1860	L1945	L1950
		L1970	L2000	L2005	L2010
		L2020	L2030	L2034	L2036
		L2037	L2038	L2060	L2106
		L2108	L2126	L2136	L2350
		L2510	L2526	L2627	L2628
		L3230	L3265	L3649	L3671
		L3674	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4000	L4010	L4020	L4631
		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	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
		L5648	L5649	L5651	L5653
		L5661	L5673	L5682	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
L5790	L5795	L5811	L5812		
L5814	L5816	L5818	L5822		
L5824	L5826	L5828	L5830		
L5845	L5848	L5857	L5858		
L5930	L5950	L5960	L5961		
L5962	L5964	L5966	L5968		
L5973	L5976	L5979	L5980		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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
		L8040	L8042	L8043	L8044
		L8045	L8046	L8047	L8499
	L8609	L8610	L8612	L8631	
	L8659				
Personal care service	Prior authorization required	T1019			
Positron emission tomography (PET) scans	Not a covered benefit unless medically necessary and prior authorization is obtained	78459	78491	78492	78608
		78609	78811	78812	78813
		78814	78815		
Private duty nursing	Prior authorization required	T1000			
Prostate procedures	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
Proton beam therapy	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons,					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
which are tiny particles with a positive charge					
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Sleep studies	No prior authorization is required for members ages 21 and younger	95800	95801	95805	95806
		95807	95808	95810	95811
	Prior authorization is required for members ages 21 and older				
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	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	63040	63042
		63045	63046	63047	63050
63055	63056	63064	63075		
63077	63081	63085	63087		
63090	63101	63102	63170		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spinal surgery (cont.)		63172	63173	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308			
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	
		Transplants	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.	
32850	32851			32852	32853
32854	32855			32856	33930
33933	33935			33940	33944
33945	38208			38209	38210
38212	38213			38214	38215
38232*	38240			38241	38242
44132	44133			44135	44136
44137	44715			44720	44721
47133	47135			47140	47141
47142	47143			47144	47145
47146	47147			48551	48552
48554	50300			50320	50323
50325	50340			50360	50365
50370	50547			S2060	S2061
S2152					
CAR-T cell therapy					
0537T	0538T			0539T	0540T
J9999	Q2041			Q2042	Q2053
Q2054	Q2055			Q2056	

*Code 38232 will only require prior authorization for an oncology diagnosis.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Vein procedures	Prior authorization required	36468	36473	36475	36478
Removal of ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37765
		37766	37780		
Ventricular assist devices (VAD)	Prior authorization required	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 855-282-8929			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	VAD device and supplies are not covered.	33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			