

# Prior authorization requirements for Kansas Medicaid

Effective March 1, 2024

## 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](https://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](https://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			
<b>Behavioral health services</b>	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			
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Breast cancer (BRCA) genetic testing</b>	Prior authorization required	81162	81163	81164	81165
		81166	81212	81432	81433
<b>Breast reconstruction (non-mastectomy)</b> 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
<b>Cancer supportive care</b>	Prior authorization required  Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis. <b>*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.</b>	<b>Injectable colony-stimulating factor drugs that require prior authorization:</b>			
		<b>Bio similar (Zarxio®)</b>			
		Q5101*			
		<b>Filgrastim (Neupogen®)</b>			
		J1442*			
		<b>Filgrastim-aafi (Nivestym™)</b>			
		Q5110*			
		<b>Pegfilgrastim-apgf, biosimilar (Nyvepria®)</b>			
		Q5122*			
		<b>Pegfilgrastim (Neulasta®)</b>			
		J2506			
		<b>Pegfilgrastim-bmez (Ziextenzo®)</b>			
		Q5120			
<b>Pegfilgrastim-cbqv (UDENYCA™)</b>					
Q5111*					
<b>Pegfilgrastim-jmdb (Fulphila™)</b>					
Q5108*					
<b>Sargramostim (Leukine®)</b>					
J2820					
<b>Tbo-filgrastim (Granix®)</b>					
J1447*					
<b>Trilaciclib (Cosela™)</b>					
J1448*					
<b>Filgrastim-ayow (Releuko®)</b>					
Q5125*					
<b>Bone-modifying agents that require prior authorization:</b>					
<b>Denosumab (Xgeva®)</b>					
J0897*					
<b>Antiemetic drugs</b>					
J1456					
<b>Colony Stimulating Factors</b>					
J1449					
<b>Erythropoiesis-Stimulating Agents</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
-------------------------	------------------------	--

J0885

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](https://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 and Notification tile on your dashboard. Or you can call **888-397-8129**.

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

CPT® is a registered trademark of the American Medical Association.  
 PCA-1-23-01819-POE-WEB\_07132023



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		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,

**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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

intravesical and intrathecal for a cancer diagnosis  
 Provider Portal. Go to [UHCprovider.com](https://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 and Notification tile on your dashboard. Or you can call **888-397-8129**.

<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692

<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 diabetes diagnosis	A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			

<b>Cosmetic and reconstructive procedures</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	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				
	<b>*Will NOT require prior authorization when billed with skin cancer diagnoses</b>				
	<b>These surgical codes with the following DX codes:</b>				
	F64.0	F64.1	F64.2	F64.8	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
function		F64.9	Z87.890			
<b>Cosmetic and reconstructive procedures (cont.)</b>		14000	14001	14041	15734	
		15738	15750	15757	15758	
		19303	53410	53430	54125	
		54520	54660	54690	55175	
		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			
	<b>Durable medical equipment (DME)</b>	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	
E0675			E0693	E0694	E0700	
E0710			E0745	E0762	E0764	
Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .			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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

V2786

<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4160	B9002	B9998	
--	------------------------------	-------	-------	-------	--

<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4638	A9274
		E0231	E1831	S0810	S9990
		S9991			

<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
--	------------------------------	-------	-------	-------	--

<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	

<b>Genetic and molecular testing to include BRCA</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81162	81163	81164	81228
		81229	81277	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81412
		81420	81432	81433	81437
		81438	81440	81443	81445
		81448	81460	81465	81507
		81518	81519	81520	81521
		81522	81546	81595	87505
	87506	87507			
	Health care professionals requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the genetic and molecular testing prior				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	authorization/notification program for each specified genetic test.  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.				
<b>Home health services</b>	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.	97535 99383 99392 99600 G0152 G0300 S0315 S5125 U6 S5125 UD S5190 S9460 T1002 T1005 U6 T1023 T2025	97537 99384 99393 99601 G0153 H0004 S0316 S5125 U9 S5130 S9128 T1000 EP T1003 T1019 HE T1030 T2029	99381 99385 99394 99602 G0156 H0045 S5125 S5125 UA S5135 S9129 T1000 TD T1004 T1019 HK T1031 T2040 U2	99382 99391 99395 G0151 G0299 H2014 S5125 EP S5125 UB S5135 UD S9131 T1001 T1005 T1021 T1502
<b>Injectable medications</b>	Prior authorization required	<b>Abilify Asimtufii®</b> J0402 <b>Abilify Maintena®</b> J0401 <b>Actemra®</b> J3262 <b>Acthar®</b> J0801 <b>Adakveo®</b> J0791 <b>Adasuve®</b> J2062 <b>Adcetris®</b> J9042			



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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	<b>Benlysta®</b>				
	J0490				
	<b>Betaseron®</b>				
	J1830				
	<b>Bevacizumab-awwb (Mvasi)</b>				
	Q5107				
	<b>Bicnu</b>				
	J9050				
	<b>Blincyto®</b>				
	J9039				
	<b>Bortezomib (Velcade)</b>				
	J9041				
	<b>Botulinum toxins</b>				
	J0585	J0586	J0587	J0588	
	<b>Calaspargase pegol-mknl (Asparlas)</b>				
	J9118				
	<b>Camptosar®</b>				
	J9206				
	<b>Cemiplimab-rwlc (Libtayo)</b>				
	J9119				
	<b>Cerezyme®</b>				
	J1786				
	<b>Chlorpromazine®</b>				
	J3230				
	<b>Cimzia®*</b>				
	J0717				
	<b>Cinqair®</b>				
	J2786				
	<b>Clofarabine (Clolar)</b>				
	J9027				
	<b>Cortrophin Gel®</b>				
	J0802				
<b>Crysvita®</b>					
J0584					
<b>Cutaquig®</b>					
J1551					
<b>Cyramza®</b>					
J9308					
<b>Darzalex®</b>					
J9145					
<b>Darzalex Faspro®</b>					
J9144					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	<b>Dinutuximab (Unituxin)</b>	J9999
	<b>Doxorubicin Doxil)</b>	Q2050
	<b>Elaprase®</b>	J1743
	<b>Elelyso®</b>	J3060
	<b>Elevidys®</b>	J1413
	<b>Elfabrio®</b>	J2508
	<b>Elliotts B® solution</b>	J9175
	<b>Eloctate®</b>	J7205
	<b>Empliciti®</b>	J9176
	<b>Enbrel®</b>	J1438
	<b>Enhertu</b>	J9358
	<b>Enjaymo®</b>	J1302
	<b>Erbix</b>	J9055
	<b>Eribulin mesylate (Halaven)</b>	J9179
	<b>Evenity™</b>	J3111
	<b>Evkeeza</b>	J1305
	<b>Evomela</b>	J9246
	<b>Exondys 51™</b>	J1428
	<b>Fabrazyme®</b>	J0180
	<b>Fasenra™</b>	J0517
	<b>Firazyr®</b>	J1744
	<b>Flolan®</b>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	<b>J1325</b> <b>Fluphenazine Decanoate®</b> <b>J2680</b>	
	<b>Fylnetra®</b> <b>Q5130</b>	
	<b>Gamifant®</b> <b>J9210</b>	
	<b>Gazyva®</b> <b>J9301</b>	
	<b>Givlaari®</b> <b>J0223</b>	
	<b>Glassia®</b> <b>J0257</b>	
	<b>Glatiramer (Glatopa®, Copaxone®)</b> <b>J1595</b>	
	<b>Glucarpidase (Voraxaze®)</b> <b>J3590</b> <b>C9293</b>	
	<b>Granix</b> <b>J1447</b>	
	<b>Haloperidol Decanoate®</b> <b>J1631</b>	
	<b>Hemgenix®</b> <b>J1411</b>	
	<b>Herceptin®</b> <b>J9355</b>	
	<b>Herceptin Hylecta®</b> <b>J9356</b>	
	<b>Herzuma®</b> <b>Q5113</b>	
	<b>Idacio®</b> <b>Q5131</b>	
	<b>Idelvion®</b> <b>J7202</b>	
	<b>Ilaris®</b> <b>J0638</b>	
	<b>Ilumya™</b> <b>J3245</b>	
	<b>Imfinzi®</b> <b>J9173</b>	
	<b>Inflectra®</b> <b>Q5103</b>	
	<b>Infugem™</b>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Injectable medications (cont.)	J9198					
	<b>Inotuzumab ozogamicin (Besponsa)</b>					
	J9229					
	<b>Invega Sustenna®</b>					
	J2426					
	<b>Isatuximab-irfc (Sarclisa)</b>					
	J9227					
	<b>IVIG</b>					
	90283	J1459	J1555	J1556		
	J1557	J1559	J1561	J1566		
	J1568	J1569	J1572	J1575		
	J1576	J1599				
	<b>Ixemptra®</b>					
	J9207					
	<b>Jemperli</b>					
	J9272					
	<b>Jevtana®</b>					
	J9043					
	<b>Jivi®</b>					
	J7208					
	<b>Kadcyla®</b>					
	J9354					
	<b>Kanjinti</b>					
	Q5117					
	<b>Keytruda®</b>					
	J9271					
	<b>Khapzory</b>					
J0642						
<b>Kyprolis®</b>						
J9047						
<b>Lamzede®</b>						
J0217						
<b>Lartruvo®</b>						
J9285						
<b>Lemtrada®</b>						
J0202						
<b>Leqembi®</b>						
J0174						
<b>Leukine®</b>						
J2820						
<b>Leuprolide Acetate</b>						
J9218						

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications (cont.)</b>	<b>Loncastuximab tesirine (Zynlonta)</b>	C9399 J9999
	<b>Lucentis®</b>	J2778
	<b>Lumizyme®</b>	J0221
	<b>Lumoxiti®</b>	J9313
	<b>Lurbinectedin (Zepzelca)</b>	J9223
	<b>Lutathera®</b>	A9513
	<b>Luxturna™</b>	J3398
	<b>Margetuximab-cmkb (Margenza)</b>	J9353
	<b>Marqibo</b>	J9371
	<b>Mesnex®</b>	J9209
	<b>Mitomycin pyelocalyceal (Jelmyto)</b>	J9281
	<b>Mogamulizumab-kpkc (Poteligeo)</b>	J9204
	<b>Mozobil®</b>	J2562
	<b>Naxitamab-gqqk (Danyelza)</b>	J9348
	<b>Neulasta®</b>	J2506
	<b>Neupogen®</b>	J1442
	<b>Nplate®</b>	J2796
	<b>Nucala®</b>	J2182
	<b>Ocrevus™</b>	J2350
	<b>Octreotide (Sandostatin®)</b>	J2354
	<b>Ogivri®</b>	Q5114
	<b>Olanzapine, Zyprexa</b>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		S0166
	<b>Omacetaxine (Synribo)</b>	J9262
	<b>Oncaspar</b>	J9266
	<b>Onivyde®</b>	J9205
	<b>Onpattro™</b>	J0222
	<b>Ontruzant®</b>	Q5112
	<b>Opdivo®</b>	J9299
	<b>Orencia®</b>	J0129
	<b>Paclitaxel protein-bound (Abraxane)</b>	J9264
	<b>Parsabiv™</b>	J0606
	<b>Pemetrexed (Alimta)</b>	J9305
	<b>Pemfexy</b>	J9304
	<b>Pepaxton®</b>	J9247
	<b>Perjeta®</b>	J9306
	<b>Perseris®</b>	J2798
	<b>Phesgo®</b>	J9316
	<b>Porfimer sodium (Photofrin)</b>	J9600
	<b>Portrazza</b>	J9295
	<b>Pralatrexate (Folotyn)</b>	J9307
	<b>Prialt®</b>	J2278
	<b>Prolia Zgeva®</b>	J0897
	<b>Provenge®</b>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	<b>Q2043</b> <b>Rebinyn®</b> <b>J7203</b> <b>Rasburicase (Elitek®)</b> <b>J2783</b> <b>Reblozyl®</b> <b>J0896</b> <b>Releuko®</b> <b>Q5125</b> <b>Remicade®</b> <b>J1745</b> <b>Remodulin Treprostinil®</b> <b>J3285</b> <b>Renflexis®</b> <b>Q5104</b> <b>Riabni®</b> <b>Q5123</b> <b>Risperdal Consta®</b> <b>J2794</b> <b>Rituxan®</b> <b>J9312</b> <b>Rituxan Hycela®</b> <b>J9311</b> <b>Roctavian®</b> <b>J1412</b> <b>Romidepsin (Istodax)</b> <b>J9315</b> <b>Rybrevant®</b> <b>J9061</b> <b>Rylaze™</b> <b>J9021</b> <b>Ryplazim™</b> <b>J2998</b> <b>Rystiggo®</b> <b>J9333</b> <b>Sandostatin® LAR</b> <b>J2353</b> <b>Simponi Aria®</b> <b>J1602</b> <b>Skyrizi®</b> <b>J2327</b> <b>Soliris®</b> <b>J1300</b>	



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	<b>Spinraza™</b>				
	J2326				
	<b>Spravato™</b>				
	S0013				
	<b>Stelara®</b>				
	J3358				
	<b>Sunlenca®</b>				
	J1961				
	<b>Supprelin® LA</b>				
	J9226				
	<b>Synagis®*</b>				
	90378				
	<b>Tafasitamab-cxix (Monjuvi)</b>				
	J9349				
	<b>Tagraxofusp-erzs (Elzonris)</b>				
	J9269				
	<b>Tecentriq®</b>				
	J9022				
	<b>Tepezza®</b>				
	J3241				
	<b>Tezspire™</b>				
	J2356				
	<b>Therapeutic Radiopharmaceuticals</b>				
	A9606	A9607	A9699		
	<b>Trazimera™</b>				
	Q5116				
	<b>Treanda®</b>				
	J9033				
	<b>Trelstar®</b>				
	J3315				
<b>Tremfya®</b>					
J1628					
<b>Triptodur®</b>					
J3316					
<b>Trodelvy®</b>					
J9317					
<b>Truxima®</b>					
Q5115					
<b>Tysabri®</b>					
J2323					
<b>Tyvaso®</b>					
J7686					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Injectable medications (cont.)	<b>Tzield®</b>					
	J9381					
	<b>Ultomiris®</b>					
		J1303				
		<b>Unclassified codes**</b>				
		C9149	C9399	J3490	J3590	
		<b>Uplizna®</b>				
		J1823				
		<b>Uzedy®</b>				
		J2799				
		<b>Valstar®</b>				
		J9357				
		<b>Varubi®</b>				
		J2797				
		<b>Vectibix®</b>				
		J9303				
		<b>Ventavis®</b>				
		Q4074				
		<b>Viltepso™</b>				
		J1427				
		<b>VPRIV®</b>				
		J3385				
		<b>Vyepti™</b>				
		J3032				
		<b>Vyondys 53®</b>				
		J1429				
		<b>Vyxeos®</b>				
		J9153				
		<b>White Blood Cell Colony Stimulating Factors</b>				
		J1442	J1447	J1448	J2506	
		Q5101	Q5108	Q5110	Q5111	
		Q5120	Q5122			
	<b>Xembify®</b>					
	J1558					
	<b>Xenpozyme®</b>					
	J0218					
	<b>Xiaflex®</b>					
	J0775					
	<b>Xolair®</b>					
	J2357					
	<b>Xofigo®</b>					
	A9606					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
-------------------------	------------------------	--

**Yervoy®**  
J9228

**Yondelis®**  
J9352

**Zaltrap®**  
J9400

**Zarxio®**  
Q5101

**Zolgensma®**  
J3399

**Zyprexa Relprevv®**  
J2358

Please check our [Review at Launch for New to Market 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](#).

\* Please obtain prior notification for Cimzia and Synagis through OptumRx prior notification services at **800-310-6826**.

\*\* For unclassified and temporary codes C9399, J3490, J3590, J9999, prior authorization is only required for Abilify Adzynma, Asimtufii, Briumvi, Cosentyx IV, Fyarro, Invega Hafyera®, Nexviazyme, Nulibry, Omvoh, Pombiliti, Revatio, Rykindo, Saphnelo, Tegsedi, Tivdak, Upravi®, Uzedy, Vabysmo™, Voxzogo and Zynteglo

\*\*\* For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](http://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**

<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	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330		

<b>Orthognathic surgery</b> 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
<b>Orthotics and prosthetics</b>	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		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
		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				
<b>Personal care service</b>	Prior authorization required	T1019			
<b>Positron emission tomography</b>	Not a covered benefit unless medically	78459	78491	78492	78608
		78609	78811	78812	78813

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>(PET) scans</b>	necessary and prior authorization is obtained	78814	78815		
<b>Private duty nursing</b>	Prior authorization required	T1000			
<b>Prostate procedures</b>	Prior authorization required	37243 53852	52441 55866	52442 55873	53850 55874
<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> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Sleep studies</b>	No prior authorization is required for members ages <b>21 and younger</b>  Prior authorization is required for members ages <b>21 and older</b>	95800 95807	95801 95808	95805 95810	95806 95811
<b>Spinal surgery</b>	Prior authorization required	22100 22112	22101 22114	22102 22206	22110 22207

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

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	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
63185	63190	63191	63200
63250	63251	63252	63265
63267	63268	63270	63271
63272	63286	63300	63301
63302	63303	63304	63305
63306	63307	63308	

<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	

<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocaptagene Maralucel), Carvykti™ (ciltacaptagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucaptagene autoleucel) and Yescarta™ (axicaptagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at <b>888-936-7246</b> 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

CPT® is a registered trademark of the American Medical Association.  
PCA-1-23-01819-POE-WEB\_07132023



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

		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.

**Unclassified codes**

J3490\*                      J3590\*                      C9399\*

\*For unclassified codes prior authorization is required for Casgev, Lyfgenia, Omisirge

<b>Vein procedures</b>	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		

<b>Ventricular assist devices (VAD)</b>	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 <b>855-282-8929</b>			
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

<b>Wound vac</b>	Prior authorization required	E2402			
------------------	------------------------------	-------	--	--	--



**Procedures  
and services**

**Additional  
information**

**CPT® or HCPCS codes and/or  
how to obtain prior authorization**

---

© 2023 United HealthCare Services, Inc. All Rights Reserved.

© 2023 United HealthCare Services, Inc. All Rights Reserved.