

# Prior Authorization Requirements for Kansas Medicaid

Effective June 1, 2021

## General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Kansas for inpatient and outpatient services. To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to [UHCprovider.com](https://UHCprovider.com) and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard.
- **Phone:** Call 866-604-3267.
- To request prior authorization for Pediatric Care Network (PCN), please call PCN at **833-802-6427**.

**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  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |   |   |                                  |
|--|---|--|---|---|----------------------------------|
| <b>Behavioral health services</b>  | Prior authorization required<br><br>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. | 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.<br><br>For ABA Therapy, submit via fax or Provider Express |   |   |                                  |
| <b>Bariatric surgery</b><br>Bariatric surgery and specific obesity-related services                            | Prior authorization required  | 43644<br>43775<br>43847  | 43645<br>43842<br>43848                   | 43659<br>43845<br>43860                   | 43770<br>43846                   |
| <b>Bone growth stimulator</b><br>Electronic stimulation or ultrasound to heal fractures                        | Prior authorization required  | 20975  | 20979                                     |   |                                  |
| <b>BRCA genetic testing</b>  | Prior authorization required  | 81162<br>81166<br>81432  | 81163<br>81212<br>81433                   | 81164<br>81215                            | 81165<br>81217                   |
| <b>Breast reconstruction (non-mastectomy)</b><br>Reconstruction of the breast except when following mastectomy | Prior authorization required  | 19316<br>19330<br>19357<br>19368<br>19380  | 19318<br>19340<br>19361<br>19369<br>19396 | 19325<br>19342<br>19364<br>19370<br>L8600 | 19328<br>19350<br>19367<br>19371 |
| <b>Cardiovascular</b>  | Prior authorization required  | 37220<br>37226   | 37221<br>37227                            | 37224<br>37228                            | 37225<br>37229                   |

| Procedures and Services  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |                                  |                                  |       |
|--|---|--|--|----------------------------------|----------------------------------|-------|
| <b>Cochlear implants and other auditory implants</b><br>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  | 69715                            | 69718                            |       |
|  |   | 69930  | L8614  | L8619                            | L8690                            |       |
|  |   | L8691  | L8692  |                                  |                                  |       |
|  |   |  |  |                                  |                                  |       |
| <b>Continuous glucose monitor</b>  | Prior authorization required with Type 2 Diabetes Diagnosis   | A4226  | E0787  | K0553                            | K0554                            |       |
| <b>Cosmetic and reconstructive procedures</b><br><br>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function<br><br>Reconstructive procedures that treat a medical condition or improve or restore physiologic function | Prior authorization required  | 11960  | 11971  | 15820                            | 15821                            |       |
|  |   | 15822  | 15823  | 15830                            | 15847                            |       |
|  |   | 15877  | 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>These surgical codes with the following DX codes:</b> |                                  |                                  |       |
|  |   |  | 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                            |                                  |       |
|  | 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 | A9900<br>E0270<br>E0329<br>E0465                             | E0194<br>E0277<br>E0445<br>E0466                         | E0265<br>E0300<br>E0457<br>E0470 | E0266<br>E0328<br>E0460<br>E0471 |       |

| Procedures and Services  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|---|--|-------|-------|-------|
| <b>Durable medical equipment (DME) (continued)</b>   | cost of more than \$500.  | E0483  | E0486 | E0620 | E0636 |
|  | Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .                                  | E0637  | E0652 | E0656 | E0669 |
|  |   | E0670  | 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  | T1999 |       |       |
|  | V2786   |  |       |       |       |
| <b>Enteral services</b><br>In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required  | B9002  | B9998 |       |       |
| <b>Experimental and investigational (and/or linked services)</b>                                     | Prior authorization required  | 33477  | 36514 | 55866 | 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 genetic testing</b>                                 | 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 | 81170 |

| Procedures and Services  | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |       |       |       |       |
|--|--|---|-------|-------|-------|-------|
| <b>Genetic and molecular testing to include BRCA genetic testing (continued)</b> | Care providers 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 Authorization/Notification Program for each specified genetic test. | 81171   | 81172 | 81173 | 81174 |       |
|  |  | 81175   | 81176 | 81177 | 81178 |       |
|  |  | 81179   | 81180 | 81181 | 81182 |       |
|  |  | 81183   | 81184 | 81185 | 81186 |       |
|  |  | 81187   | 81188 | 81189 | 81190 |       |
|  |  | 81200   | 81201 | 81202 | 81203 |       |
|  |  | 81204   | 81205 | 81206 | 81207 |       |
|  |  | 81208   | 81209 | 81210 | 81212 |       |
|  |  | 81215   | 81217 | 81218 | 81219 |       |
|  |  | 81220   | 81221 | 81222 | 81223 |       |
|  |  | 81224   | 81225 | 81226 | 81228 |       |
|  |  | 81229   | 81230 | 81231 | 81232 |       |
|  |  | 81233   | 81234 | 81235 | 81236 |       |
|  |  | Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare. | 81237 | 81238 | 81239 | 81240 |
|  |  |   | 81241 | 81242 | 81243 | 81244 |
|  |  |   | 81245 | 81246 | 81247 | 81248 |
|  |  |   | 81249 | 81250 | 81251 | 81254 |
|  |  |   | 81255 | 81256 | 81257 | 81258 |
|  |  |   | 81259 | 81260 | 81261 | 81262 |
|  |  |   | 81263 | 81264 | 81265 | 81267 |
|  |  |   | 81268 | 81269 | 81270 | 81271 |
|  |  |   | 81272 | 81273 | 81274 | 81275 |
|  |  |   | 81276 | 81283 | 81284 | 81285 |
|  |  |   | 81286 | 81287 | 81288 | 81289 |
|  |  |   | 81290 | 81291 | 81292 | 81293 |
|  |  |   | 81294 | 81295 | 81296 | 81297 |
|  |  |   | 81298 | 81299 | 81300 | 81301 |
|  |  |   | 81302 | 81304 | 81305 | 81306 |
|  |  |   | 81307 | 81308 | 81309 | 81310 |
|  |  |   | 81311 | 81312 | 81313 | 81314 |
|  |  |   | 81315 | 81316 | 81317 | 81318 |
|  |  |   | 81319 | 81320 | 81321 | 81322 |
|  |  |   | 81323 | 81324 | 81326 | 81328 |
|  |  |   | 81329 | 81330 | 81331 | 81332 |
|  |  |   | 81333 | 81334 | 81335 | 81336 |
|  |  |   | 81337 | 81340 | 81341 | 81342 |
|  |  |   | 81343 | 81344 | 81345 | 81346 |
|  |  |   | 81350 | 81361 | 81362 | 81363 |
|  |  |   | 81364 | 81370 | 81371 | 81372 |
|  |  |   | 81373 | 81374 | 81375 | 81376 |
|  |  | 81377   | 81378 | 81379 | 81380 |       |
|  |  | 81381   | 81382 | 81383 | 81400 |       |
|  |  | 81401   | 81402 | 81403 | 81404 |       |
|  |  | 81405   | 81406 | 81407 | 81408 |       |
|  |  | 81412   | 81420 | 81432 | 81433 |       |
|  |  | 81434   | 81437 | 81438 | 81440 |       |

| Procedures and Services  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|---|--|-------|-------|-------|
| <b>Genetic and molecular testing to include BRCA genetic testing (continued)</b> |   | 81442  | 81445 | 81448 | 81460 |
|  | 81465   | 81470  | 81471 | 81507 |       |
|  | 81518   | 81519  | 81520 | 81521 |       |
|  | 81522   | 81546  | 81595 | 87481 |       |
|  | 87482   | 87505  | 87506 | 87507 |       |
|  | 87510   | 87511  | 87512 | 87623 |       |
|  | 87797   | 87798  | 87799 | 87800 |       |
|  | 87801   | 0157U  | 0158U | 0159U |       |
|  | 0160U   | 0161U  |       |       |       |
| <b>Home health services</b>  | <p>Prior authorization is required only in outpatient settings, to include member's home.</p> <p>The following procedure codes require documentation of a face-to-face encounter within 90 days before the start of services.</p> | G0299  | G0300 | T1002 | T1003 |
| <b>Injectable medications</b>  | Prior authorization required  | <b>Abilify Maintena®</b>                                     |       |       |       |
|  |   | J0401  |       |       |       |
|  |   | <b>Actemra®</b>  |       |       |       |
|  |   | J3262  |       |       |       |
|  |   | <b>Acthar®</b>   |       |       |       |
|  |   | J0800  |       |       |       |
|  |   | <b>Adakveo®</b>  |       |       |       |
|  |   | J0791  |       |       |       |
|  |   | <b>Adasuve®</b>  |       |       |       |
|  |   | J2062  |       |       |       |
|  |   | <b>Adynovate®</b>  |       |       |       |
|  |   | J7207  |       |       |       |
|  |   | <b>Akynzeo®</b>  |       |       |       |
|  |   | J1454  |       |       |       |
|  |   | <b>Alprolix®</b>   |       |       |       |
|  |   | J7201  |       |       |       |
|  |   | <b>Arcalyst®</b>   |       |       |       |
|  |   | J2793  |       |       |       |
|  |   | <b>Aristada®</b>   |       |       |       |
|  |   | J1944  |       |       |       |
| <b>Aristada Initio®</b>  |   |  |       |       |       |
| J1943  |   |  |       |       |       |
| <b>Avonex®</b>   |   |  |       |       |       |
| J1826  |   |  |       |       |       |
| Q3027  |   |  |       |       |       |
| <b>Avsola™</b>   |   |  |       |       |       |
| Q5121  |   |  |       |       |       |
| Q3028  |   |  |       |       |       |

| Procedures and Services               | Additional Information      | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---------------------------------------|-----------------------------|--|-------|-------|-------|
| Injectable medications<br>(continued) | <b>Bavencio®</b>            | J9023  |       |       |       |
|                                       | <b>Benlysta®</b>            | J0490  |       |       |       |
|                                       | <b>Betaseron®</b>           | J1830  |       |       |       |
|                                       | <b>Blincyto®</b>            | J9039  |       |       |       |
|                                       | <b>Botulinum toxins</b>     | J0585  | J0586 | J0587 | J0588 |
|                                       | <b>Brineura™</b>            | J0567  |       |       |       |
|                                       | <b>Camptosar®</b>           | J9206  |       |       |       |
|                                       | <b>Cerezyme®</b>            | J1786  |       |       |       |
|                                       | <b>Chlorpromazine®</b>      | J3230  |       |       |       |
|                                       | <b>Cimzia®*</b>             | J0717  |       |       |       |
|                                       | <b>Cinqair®</b>             | J2786  |       |       |       |
|                                       | <b>Cinvanti®</b>            | J0185  |       |       |       |
|                                       | <b>Crysvita®</b>            | J0584  |       |       |       |
|                                       | <b>Darzalex®</b>            | J9145  |       |       |       |
|                                       | <b>Elaprase®</b>            | J1743  |       |       |       |
|                                       | <b>Elelyso®</b>             | J3060  |       |       |       |
|                                       | <b>Eloctate®</b>            | J7205  |       |       |       |
|                                       | <b>Emend Fosaprepitant®</b> | J1453  |       |       |       |
|                                       | <b>Empliciti®</b>           | J9176  |       |       |       |
|                                       | <b>Enbrel®</b>              | J1438  |       |       |       |
|                                       | <b>Entyvio®</b>             | J3380  |       |       |       |
|                                       | <b>Evenity™</b>             |  |       |       |       |

| Procedures and Services            | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|------------------------------------|------------------------|--|
| Injectable medications (continued) |                        | J3111  |
|                                    |                        | <b>Exondys 51™</b>   |
|                                    |                        | J1428  |
|                                    |                        | <b>Fabrazyme®</b>  |
|                                    |                        | J0180  |
|                                    |                        | <b>Fasenra™</b>  |
|                                    |                        | J0517  |
|                                    |                        | <b>Firazy®</b>   |
|                                    |                        | J1744  |
|                                    |                        | <b>Flolan®</b>   |
|                                    |                        | J1325  |
|                                    |                        | <b>Fluphenazine Decanoate®</b>                               |
|                                    |                        | J2680  |
|                                    |                        | <b>Gamifant®</b>   |
|                                    |                        | J9210  |
|                                    |                        | <b>Givlaari®</b>   |
|                                    |                        | J0223  |
|                                    |                        | <b>Glassia®</b>  |
|                                    |                        | J0257  |
|                                    |                        | <b>Glatiramer (Glatopa®, Copaxone®)</b>                      |
|                                    |                        | J1595  |
|                                    |                        | <b>Granix</b>  |
|                                    |                        | J1447  |
|                                    |                        | <b>Haloperidol Decanoate®</b>                                |
|                                    |                        | J1631  |
|                                    |                        | <b>Herceptin®</b>  |
|                                    |                        | J9355  |
|                                    |                        | <b>Hydroxyprogesterone Caproate</b>                          |
|                                    |                        | J1729  |
|                                    |                        | <b>Idelvion®</b>   |
|                                    |                        | J7202  |
|                                    |                        | <b>Ilaris®</b>   |
|                                    |                        | J0638  |
|                                    |                        | <b>Ilumya™</b>   |
|                                    |                        | J3245  |
|                                    |                        | <b>Imfinzi®</b>  |
|                                    |                        | J9173  |
|                                    |                        | <b>Inflectra®</b>  |
|                                    |                        | Q5103  |
|                                    |                        | <b>Intron® A</b>   |
|                                    |                        | J9214  |
|                                    |                        | <b>Invega Sustenna®</b>                                      |
|                                    |                        | J2426  |

| Procedures and Services               | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---------------------------------------|------------------------|--|-------|-------|-------|
| Injectable medications<br>(continued) | <b>IVIG</b>            | 90283  | J1459 | J1555 | J1556 |
|                                       |                        | J1557  | J1559 | J1561 | J1566 |
|                                       |                        | J1568  | J1569 | J1572 | J1575 |
|                                       |                        | J1599  |       |       |       |
|                                       |                        | <b>Jetrea®</b>   |       |       |       |
|                                       |                        | J7316  |       |       |       |
|                                       |                        | <b>Jivi®</b>   |       |       |       |
|                                       |                        | J7208  |       |       |       |
|                                       |                        | <b>Kalbitor®</b>   |       |       |       |
|                                       |                        | J1290  |       |       |       |
|                                       |                        | <b>Kanuma®</b>   |       |       |       |
|                                       |                        | J2840  |       |       |       |
|                                       |                        | <b>Keytruda®</b>   |       |       |       |
|                                       |                        | J9271  |       |       |       |
|                                       |                        | <b>Krystexxa®</b>  |       |       |       |
|                                       |                        | J2507  |       |       |       |
|                                       |                        | <b>Kyprolis®</b>   |       |       |       |
|                                       |                        | J9047  |       |       |       |
|                                       |                        | <b>Lartruvo®</b>   |       |       |       |
|                                       |                        | J9285  |       |       |       |
|                                       |                        | <b>Lemtrada®</b>   |       |       |       |
|                                       |                        | J0202  |       |       |       |
|                                       |                        | <b>Leukine®</b>  |       |       |       |
|                                       |                        | J2820  |       |       |       |
|                                       |                        | <b>Leuprolide Acetate</b>                                    |       |       |       |
|                                       |                        | J9218  |       |       |       |
|                                       |                        | <b>Lucentis®</b>   |       |       |       |
|                                       |                        | J2778  |       |       |       |
|                                       |                        | <b>Luxturna™</b>   |       |       |       |
|                                       |                        | J3398  |       |       |       |
|                                       |                        | <b>Makena®</b>   |       |       |       |
|                                       |                        | J1726  |       |       |       |
|                                       |                        | <b>Mozobil®</b>  |       |       |       |
|                                       |                        | J2562  |       |       |       |
|                                       |                        | <b>Neulasta®</b>   |       |       |       |
|                                       |                        | J2505  |       |       |       |
|                                       |                        | <b>Neupogen®</b>   |       |       |       |
|                                       |                        | J1442  |       |       |       |
|                                       |                        | <b>Nplate®</b>   |       |       |       |
|                                       |                        | J2796  |       |       |       |
|                                       | <b>Nucala®</b>         |  |       |       |       |
|                                       | J2182                  |  |       |       |       |
|                                       | <b>Ocrevus™</b>        |  |       |       |       |



| Procedures and Services            | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |
|------------------------------------|------------------------|---|
| Injectable medications (continued) |                        | J2350<br><b>Olanzapine, Zyprexa</b><br>S0166<br><b>Onivyde®</b><br>J9205<br><b>Onpattro™</b><br>J0222<br><b>Opdivo®</b><br>J9299<br><b>Orencia®</b><br>J0129<br><b>Parsabiv™</b><br>J0606<br><b>Pegasys®</b><br>S0145<br><b>PegIntron®</b><br>S0148<br><b>Perseris®</b><br>J2798<br><b>Prialt®</b><br>J2278<br><b>Probuphine®</b><br>J0570<br><b>Prolia Zgeva®</b><br>J0897<br><b>Provenge®</b><br>Q2043<br><b>Rebinyn®</b><br>J7203<br><b>Radicava®</b><br>J1301<br><b>Reblozyl®</b><br>J0896<br><b>Remicade®</b><br>J1745<br><b>Remodulin Treprostinil®</b><br>J3285<br><b>Renflexis®</b><br>Q5104<br><b>Risperdal Consta®</b><br>J2794<br><b>Rituxan®</b><br>J9312 |

| Procedures and Services               | Additional Information         | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |  |
|---------------------------------------|--------------------------------|--|-------|--|
| Injectable medications<br>(continued) | <b>Rituxan Hycela®</b>         |  |       |  |
|                                       |                                | J9311  |       |  |
|                                       | <b>Simponi Aria®</b>           |  |       |  |
|                                       |                                | J1602  |       |  |
|                                       | <b>Soliris®</b>                |  |       |  |
|                                       |                                | J1300  |       |  |
|                                       | <b>Spinraza™</b>               |  |       |  |
|                                       |                                | J2326  |       |  |
|                                       | <b>Stelara®</b>                |  |       |  |
|                                       |                                | J3358  |       |  |
|                                       | <b>Sublocade™</b>              |  |       |  |
|                                       |                                | Q9991  | Q9992 |  |
|                                       | <b>Supprelin® LA</b>           |  |       |  |
|                                       |                                | J9226  |       |  |
|                                       | <b>Synagis®*</b>               |  |       |  |
|                                       |                                | 90378  |       |  |
|                                       | <b>Tecentriq®</b>              |  |       |  |
|                                       |                                | J9022  |       |  |
|                                       | <b>Tepezza®</b>                |  |       |  |
|                                       |                                | J3241  |       |  |
|                                       | <b>Testosterone enanthate®</b> |  |       |  |
|                                       |                                | J3121  |       |  |
|                                       | <b>Trelstar®</b>               |  |       |  |
|                                       |                                | J3315  |       |  |
|                                       | <b>Tremfya®</b>                |  |       |  |
|                                       |                                | J1628  |       |  |
|                                       | <b>Triptodur®</b>              |  |       |  |
|                                       |                                | J3316  |       |  |
|                                       | <b>Trogarzo™</b>               |  |       |  |
|                                       |                                | J1746  |       |  |
| <b>Truxima®</b>                       |                                |  |       |  |
|                                       | Q5115                          |  |       |  |
| <b>Tysabri®</b>                       |                                |  |       |  |
|                                       | J2323                          |  |       |  |
| <b>Tyvaso®</b>                        |                                |  |       |  |
|                                       | J7686                          |  |       |  |
| <b>Unclassified codes**</b>           |                                |  |       |  |
|                                       | C9399                          | J3490  | J3590 |  |
| <b>Uplizna®</b>                       |                                |  |       |  |
|                                       | J1823                          |  |       |  |
| <b>Vantas™</b>                        |                                |  |       |  |
|                                       | J9225                          |  |       |  |
| <b>Varubi®</b>                        |                                |  |       |  |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

|                                    |   |                    |  |  |  |
|------------------------------------|---|--------------------|--|--|--|
| Injectable medications (continued) |   | J2797              |  |  |  |
|                                    |   | <b>Ventavis®</b>   |  |  |  |
|                                    |   | Q4074              |  |  |  |
|                                    |   | <b>VPRIV®</b>      |  |  |  |
|                                    |   | J3385              |  |  |  |
|                                    |   | <b>Vyepti™</b>     |  |  |  |
|                                    |   | J3032              |  |  |  |
|                                    |   | <b>Vyondys 53®</b> |  |  |  |
|                                    |   | J1429              |  |  |  |
|                                    |   | <b>Xembify®</b>    |  |  |  |
|                                    |   | J1558              |  |  |  |
|                                    |   | <b>Xiaflex®</b>    |  |  |  |
|                                    |   | J0775              |  |  |  |
|                                    |   | <b>Xolair®</b>     |  |  |  |
|                                    |   | J2357              |  |  |  |
|                                    |   | <b>Xofigo®</b>     |  |  |  |
|                                    |   | A9606              |  |  |  |
|                                    |   | <b>Zarxio®</b>     |  |  |  |
|                                    |   | Q5101              |  |  |  |
|                                    |   | <b>Zinplava®</b>   |  |  |  |
|                                    | J0565   |                    |  |  |  |
|                                    | <b>Zolgensma®</b>   |                    |  |  |  |
|                                    | J3399   |                    |  |  |  |
|                                    | <b>Zyprexa Relprevv®</b>  |                    |  |  |  |
|                                    | J2358   |                    |  |  |  |
|                                    | Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Predetermination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. |                    |  |  |  |
|                                    | * Please obtain prior notification for Cimzia and Synagis through OptumRx prior notification services at <b>800-310-6826</b> .  |                    |  |  |  |
|                                    | ** For unclassified codes C9071, C9073, C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, Spravato™, and Viltepso™.   |                    |  |  |  |

|   |                              |       |       |       |       |
|---|------------------------------|-------|-------|-------|-------|
| Joint replacement<br>Joint, total hip and knee replacement procedures | Prior authorization required | 23470 | 23472 | 23473 | 23474 |
|   |                              | 24360 | 24361 | 24362 | 24363 |
|   |                              | 24370 | 24371 | 27120 | 27122 |
|   |                              | 27125 | 27130 | 27132 | 27134 |
|   |                              | 27137 | 27138 | 27412 | 27446 |
|   |                              | 27447 | 27486 | 27487 | 29866 |

| Procedures and Services                              | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|--|--|-------|-------|-------|
| <b>Joint replacement (continued)</b>                 |  | 29867  | 29868 | J7330 |       |
| <b>Orthognathic surgery</b>                          | Prior authorization required   | 21121  | 21123 | 21125 | 21127 |
| Treatment of maxillofacial/jaw functional impairment |  | 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 |       |
| <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 |

| Procedures and Services                  | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |  |
|--|------------------------|--|-------|-------|--|
| Orthotics and prosthetics<br>(continued) | 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 |  |
|  | 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 |  |

| Procedures and Services  | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|--|--|-------|-------|-------|
| <b>Orthotics and prosthetics (continued)</b>   |  | L8609  | L8610 | L8612 | L8631 |
|  |  | L8659  |       |       |       |
| <b>Personal care service</b>   | Prior authorization required   | T1019  |       |       |       |
| <b>PET scans</b>   | Not a covered benefit unless medically necessary and prior authorization is obtained | 78459  | 78491 | 78492 | 78608 |
|  |  | 78609  | 78811 | 78812 | 78813 |
|  |  | 78814  | 78815 |       |       |
| <b>Private duty nursing</b>  | Prior authorization required   | T1000  |       |       |       |
| <b>Proton beam therapy</b><br>Focused radiation therapy using beams of protons, which are tiny particles with a positive charge                            | Prior authorization required   | 77520  | 77522 | 77523 | 77525 |
| <b>Rhinoplasty</b><br>Treatment of nasal functional impairment and septal deviation  | Prior authorization required   | 30400  | 30410 | 30420 | 30430 |
|  |  | 30435  | 30450 | 30460 | 30462 |
|  |  | 30465  |       |       |       |
| <b>Sinuplasty</b>  | Prior authorization required   | 31295  | 31296 | 31297 | 31298 |
| <b>Sleep apnea procedures and surgeries</b><br>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 age <b>21 and younger</b> .           | 95805<br>95811   | 95807 | 95808 | 95810 |
|  | Prior authorization is required for members age <b>21 and older</b> .                |  |       |       |       |
| <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  | 22856 | 22861 | 22864 |
|  |  | 22865  | 22899 | 63001 | 63003 |
|  |  | 63005  | 63011 | 63012 | 63015 |
|  |  | 63016  | 63017 | 63020 | 63030 |
|  |  | 63040  | 63042 | 63045 | 63046 |
|  |  | 63047  | 63050 | 63055 | 63056 |

| Procedures and Services                                 | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |         |         |       |
|---|------------------------------|--|--|---------|---------|-------|
| Spinal surgery (continued)                              |                              | 63064  | 63075  | 63077   | 63081   |       |
|   |                              | 63085  | 63087  | 63090   | 63101   |       |
|   |                              | 63102  | 63170  | 63172   | 63173   |       |
|   |                              | 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   |       |
| <b>Stimulators</b>                                      | Prior authorization required | <b>Bone growth stimulator</b>                                |  |         |         |       |
| Implantation of a device that sends electrical impulses |                              | 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 Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene 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   |       |
|   |                              | 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  | 50380  | 50547   | S2060   |       |
|   |                              | S2061  | S2152  |         |         |       |
|   |                              | <b>CAR-T Cell Therapy</b>                                    |  |         |         |       |
|   |                              | 0537T  | 0538T  | 0539T   | 0540T   |       |
|   |                              | C9073**  | J3490**  | J3590** | J9999** |       |
|   |                              | Q2041  | Q2042  |         |         |       |

| Procedures and Services  | Additional Information                   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |       |       |       |
|--|--|--|-------|-------|-------|
| <b>Transplants (continued)</b>   |  | *Code 38232 will only require prior authorization for an oncology diagnosis.<br>**For unclassified codes C9073, J3490, J3590 and J9999 prior authorization is only required for Tecartus™. |       |       |       |
| <b>Vein procedures</b>   | Prior authorization required             |  |       |       |       |
| Removal of ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities |  | 36468  | 36473 | 36475 | 36478 |
|  |  | 37700  | 37718 | 37722 | 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  |       |       |       |