

Prior Authorization Requirements for Kansas Medicaid

Effective July 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 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			
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 ABA Therapy, submit via fax or Provider Express			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
BRCA genetic testing	Prior authorization required	81162 81166 81432	81163 81212 81433	81164 81215	81165 81217
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600	19328 19350 19367 19371
Cardiovascular	Prior authorization required	37220 37226	37221 37227	37224 37228	37225 37229

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cochlear implants and other auditory implants 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		
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	E0787	K0553	K0554
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	11971	14020	14021
		14060	14061	14301	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			
		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
		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	A9900	E0194	E0265	E0266
		E0270	E0277	E0300	E0328

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)	retail purchase or a cumulative rental cost of more than \$500.	E0329	E0445	E0457	E0460
		E0465	E0466	E0470	E0471
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0483	E0486	E0620	E0636
		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	S1040		
T1999	V2786				
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002	B9998		
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	55866	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	81105	81106	81107	81108
		81109	81110	81111	81120

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 (continued)	testing performed in an outpatient setting	81121	81162	81163	81164
		81165	81166	81167	81170
	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	

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 (continued)		81412	81420	81432	81433
		81434	81437	81438	81440
		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		
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 encounter 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			
		Adynovate® J7207			
		Akynzeo® J1454			
		Alprolix® J7201			
		Arcalyst® J2793			
		Aristada® J1944			
		Aristada Initio® J1943			
		Avonex® J1826	Q3027	Q3028	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Avsola™				
	Q5121				
	Bavencio®				
	J9023				
	Benlysta®				
	J0490				
	Betaseron®				
	J1830				
	Blincyto®				
	J9039				
	Botulinum toxins				
	J0585	J0586	J0587	J0588	
	Brineura™				
	J0567				
	Camptosar®				
	J9206				
	Cerezyme®				
	J1786				
	Chlorpromazine®				
	J3230				
	Cimzia®*				
	J0717				
	Cinqair®				
	J2786				
	Cinvanti®				
	J0185				
	Crysvita®				
	J0584				
	Darzalex®				
	J9145				
Elaprase®					
J1743					
ElELYso®					
J3060					
Eloctate®					
J7205					
Emend Fosaprepitant®					
J1453					
Empliciti®					
J9176					
Enbrel®					
J1438					
Entyvio®					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		J3380
		Evenity™
		J3111
		Exondys 51™
		J1428
		Fabrazyme®
		J0180
		Fasenra™
		J0517
		Firazyr®
		J1744
		Flolan®
		J1325
		Fluphenazine Decanoate®
		J2680
		Gamifant®
		J9210
		Givlaari®
		J0223
		Glassia®
		J0257
		Glatiramer (Glatopa®, Copaxone®)
		J1595
		Granix
		J1447
		Haloperidol Decanoate®
		J1631
		Herceptin®
		J9355
		Hydroxyprogesterone Caproate
		J1729
		Idelvion®
		J7202
		Ilaris®
		J0638
		Ilumya™
		J3245
		Imfinzi®
		J9173
		Inflectra®
		Q5103
		Intron® A
		J9214

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Invega Sustenna®	J2426			
	IVIG				
	90283	J1459	J1555	J1556	
	J1557	J1559	J1561	J1566	
	J1568	J1569	J1572	J1575	
	J1599				
	Jetrea®				
	J7316				
	Jivi®				
	J7208				
	Kalbitor®				
	J1290				
	Kanuma®				
	J2840				
	Keytruda®				
	J9271				
	Krystexxa®				
	J2507				
	Kyprolis®				
	J9047				
	Lartruvo®				
	J9285				
	Lemtrada®				
	J0202				
	Leukine®				
	J2820				
	Leuprolide Acetate				
	J9218				
	Lucentis®				
	J2778				
	Luxturna™				
	J3398				
	Makena®				
	J1726				
	Mozobil®				
	J2562				
	Neulasta®				
	J2505				
	Neupogen®				
	J1442				
	Nplate®				
	J2796				
	Nucala®				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		J2182
		Ocrevus™
		J2350
		Olanzapine, Zyprexa
		S0166
		Onivyde®
		J9205
		Onpattro™
		J0222
		Opdivo®
		J9299
		Orencia®
		J0129
		Parsabiv™
		J0606
		Pegasys®
		S0145
		PegIntron®
		S0148
		Perseris®
		J2798
		Prialt®
		J2278
		Probuphine®
		J0570
		Prolia Zgeva®
		J0897
		Provenge®
		Q2043
		Rebinyn®
		J7203
		Radicava®
		J1301
		Reblozyl®
		J0896
		Remicade®
		J1745
		Remodulin Treprostinil®
		J3285
		Renflexis®
		Q5104
		Risperdal Consta®
		J2794

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)		Rituxan®	J9312	
		Rituxan Hycela®	J9311	
		Sandostatin® LAR***	J2353	
		Simponi Aria®	J1602	
		Soliris®	J1300	
		Spinraza™	J2326	
		Stelara®	J3358	
		Sublocade™	Q9991	Q9992
		Supprelin® LA	J9226	
		Synagis®*	90378	
		Tecentriq®	J9022	
		Tepezza®	J3241	
		Testosterone enanthate®	J3121	
		Trelstar®	J3315	
		Tremfya®	J1628	
		Triptodur®	J3316	
		Trogarzo™	J1746	
		Truxima®	Q5115	
		Tysabri®	J2323	
		Tyvaso®	J7686	
		Unclassified codes**	C9399	J3490 J3590
		Uplizna®		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications
(continued)

- J1823
- Vantas™**
- J9225
- Varubi®**
- J2797
- Ventavis®**
- Q4074
- Viltepso™*****
- J1427
- VPRIV®**
- J3385
- Vyepti™**
- J3032
- Vyondys 53®**
- J1429
- Xembify®**
- J1558
- Xiaflex®**
- J0775
- Xolair®**
- J2357
- Xofigo®**
- A9606
- Zarxio®**
- Q5101
- Zinplava®**
- J0565
- Zolgensma®**
- J3399
- Zyprexa Relprevv®**
- J2358

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Predetermination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at UHCprovider.com > 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 **800-310-6826**.

** For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Amondys 45, Cutaquig®, Lupaneta Pack™ and Spravato™.

***Code is effective 8/1/2021

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Joint replacement Joint, total hip and knee replacement procedures Joint replacement (continued)	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	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 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		

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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			
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			
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
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 age 21 and younger .	95800*	95801*	95805	95806*
		95807	95808	95810	95811
	Prior authorization is required for members age 21 and older .	*Codes effective 8/1/2021			
Spinal surgery	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Spinal surgery (continued)		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	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	
Stimulators	Prior authorization required	Bone growth stimulator				
Implantation of a device that sends electrical impulses		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® (Idecaptogene Cicleucel), Breyanzi® (Lisocaptogene Maralucecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucaptogene autoleucel) and Yescarta™ (axicaptogene 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	50380	50547	S2060		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (continued)		S2061	S2152		
		CAR-T Cell Therapy			
		0537T	0538T	0539T	0540T
		C9399**	J3490**	J3590**	J9999**
		Q2041	Q2042	Q2053	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		**For unclassified codes C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®.			
Vein procedures	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	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			