

# Prior Authorization Requirements for Kansas

## Effective October 1, 2019

### 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 tool on your Link dashboard.
- **Phone:** 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  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.			
<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		
<b>BRCA genetic testing</b>	Prior authorization required	81162 81166 81432	81163 81212 81433	81164 81215	81165 81217
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960 15822 15877	11971 15823 17106	15820 15830 17107	15821 15847 17108

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cosmetic and reconstructive procedures (cont'd)</b>		17999	21137	21138	21139	
		21172	21175	21179	21180	
	Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		21181	21182	21183	21184
			21230	21235	21256	21275
			21280	21282	21295	21740
			21742	21743	28344	30620
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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 <b>surgical codes</b> with the following <b>DX codes</b> :			
			F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890			
		14000	14001	14041	15734	
		15738	15750	15757	15758	
		19303	19304	20926	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 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	E0460	
		E0465	E0466	E0470	E0471	
		E0483	E0486	E0620	E0636	
		E0637	E0652	E0656	E0669	
		E0670	E0675	E0693	E0694	
		E0700	E0710	E0745	E0762	
		E0764	E0766	E0784	E0984	
		E0986	E1002	E1003	E1004	
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME)</b> (cont'd)		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> 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>Home health services</b>	Prior authorization required only in outpatient settings, to include member's home	G0299	G0300	T1002	T1003
		The following procedure codes require documentation of a face-to-face encounter within 90 days before the start of services			
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0800			
		<b>Adynovate®</b>			
		J7207			
		<b>Akynzeo®</b>			
		J1454			
		<b>Alprolix®</b>			
		J7201			
		<b>Arcalyst®</b>			
J2793					
<b>Avonex®</b>					
		J1826	Q3027	Q3028	
<b>Betaseron®</b>					
J1830					
<b>Botulinum toxins</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (cont'd)		J0585	J0586	J0587	J0588
	<b>Brineura™</b>				
	J0567				
	<b>Camptosar®</b>				
	J9206				
	<b>Cerezyme®</b>				
	J1786				
	<b>Cinqair®</b>				
	J2786				
	<b>Crysvita®</b>				
	J0584				
	<b>Elaprase®</b>				
	J1743				
	<b>ElELYso®</b>				
	J3060				
	<b>Eloctate®</b>				
	J7205				
	<b>Empliciti®</b>				
	J9176				
	<b>Enbrel®</b>				
	J1438				
	<b>Entyvio®</b>				
	J3380				
	Evenity™				
	J3111				
	<b>Exondys 51™</b>				
	J1428				
	<b>Fasenra™</b>				
	J0517				
	<b>Firazy®</b>				
	J1744				
	<b>Flolan®</b>				
	J1325				
<b>Gamifant®</b>					
J9210					
<b>Glatiramer (Glatopa®, Copaxone®)</b>					
J1595					
<b>Granix</b>					
J1447					
<b>Herceptin®</b>					
J9355					
<b>Hydroxyprogesterone Caproate</b>					
J1729					
<b>Idelvion®</b>					
J7202					
<b>Ilaris®</b>					
J0638					

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

**Ilumya™**  
J3245

**Imfinzi®**  
J9173

**Inflectra®**  
Q5103

**Intron® A**  
J9214

**IVIG**  
90283      J1459      J1555      J1556  
J1557      J1559      J1561      J1566  
J1568      J1569      J1572      J1575  
J1599

**Jetrea®**  
J7316

**Kalbitor®**  
J1290

**Kanuma®**  
J2840

**Keytruda®**  
J9271

**Krystexxa®**  
J2507

**Lartruvo®**  
J9285

**Lemtrada®**  
J0202

**Leukine®**  
J2820

**Leuprolide Acetate**  
J9218

**Luxturna™**  
J3398

**Makena®**  
J1726

**Neulasta®**  
J2505

**Neupogen®**  
J1442

**Nplate®**  
J2796

**Nucala®**  
J2182

**Ocrevus™**  
J2350

**Onivyde®**  
J9205

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

**Onpatro™**  
J0222

**Opdivo®**  
J9299

**Orencia®**  
J0129

**Parsabiv™**  
J0606

**Pegasys®**  
S0145

**PegIntron®**  
S0148

**Prialt®**  
J2278

**Probuphine®**  
J0570

**Provenge®**  
Q2043

**Rebinyn®**  
J7203

**Radicava®**  
J1301

**Remicade®**  
J1745

**Renflexis®**  
Q5104

**Rituxan®**  
J9312

**Rituxan Hycela®**  
J9311

**Simponi Aria®**  
J1602

**Soliris®**  
J1300

**Spinraza™**  
J2326

**Stelara®**  
J3358

**Sublocade™**  
Q9991      Q9992

**Supprelin® LA**  
J9226

**Synagis®\***  
90378

**Trelstar®**  
J3315



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

- Tremfya®**  
J1628
- Triptodur®**  
J3316
- Trogarzo™**  
J1746
- Unclassified codes\*\***  
C9399      J3490      J3590
- Vantas™**  
J9225
- Varubi®**  
J2797
- Ventavis®**  
Q4074
- VPRIV®**  
J3385
- Xolair®**  
J2357
- Xofigo®**  
A9606
- Zarxio®**  
Q5101

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*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at [UHCprovider.com](http://UHCprovider.com) > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

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

\*\* For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Spravato™

<b>Joint replacement</b>	Prior authorization required				
Joint, total hip and knee replacement procedures		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	
<b>Orthognathic surgery</b>	Prior authorization required				
Treatment of maxillofacial/jaw functional impairment		21121	21123	21125	21127
		21141	21142	21143	21145

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Orthognathic surgery (cont'd)</b>		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 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			
L5700	L5702	L5703	L5705			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (cont'd)</b>		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>PET scans</b>	Not a covered benefit unless medically necessary and prior authorization 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> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<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 required for members <b>21 and younger</b>  Prior authorization required for members <b>21 and older</b>	95805 95811	95807	95808	95810
<b>Spinal surgery</b>	Prior authorization required	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306
<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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Stimulators (cont'd)</b>		64590	L8680	L8682	L8685
		L8686	L8687	L8688	
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-Cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>800-418-4994</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
		Q2041	Q2042		
<b>Vein procedures</b>	Prior authorization required	36468	36473	36475	36478
Removal and 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	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			