Prior authorization requirements for Kansas Medicaid

Effective November 1, 2026

General information

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

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

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to **UHCprovider.com** and click Sign In in the top-right corner to sign in using your One Healthcare ID and password. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Phone:** Call **877-842-3210**
- To request prior authorization for the Pediatric Care Network (PCN), please call PCN at **833-802-6427**, 8 a.m.–5 p.m. CT, Monday–Friday.

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

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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
stimulation or ultrasound to heal fractures		
Breast cancer (BRCA) genetic testing	Prior authorization required	81162 81163 81164 81165 81166 81212 81432
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	11971 19316 19318 19325 19328 19330 19340 19342 19350 19357 19361 19364 19367 19368 19369 19370 19371 19380 19396 L8600
Cancer supportive care	Prior authorization required Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis. *Codes J1442, J1447, J1448, J2506, J2820, J0897, Q5101, Q5108, Q5110, Q5120, Q5122, Q5125 will also require prior authorization for non-oncology diagnosis (DX). See the injectable medications section below.	Injectable colony-stimulating factor drugs that require prior authorization: J0897* J1434 J1442* J1447* J1448* J2468 J2506 J2820 Q5101* Q5108* Q5110* Q5120 Q5122* Q5125* Q5136 Q5157 Q5158 Q5159 Antiemetic drugs J1456 Colony Stimulating Factors J1449 Q5111 Q5148 Erythropoiesis Stimulating Agents 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 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.

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular	Prior authorization required	37254	37256	37258	37260
		37263	37265	37267	37269
		37271	37273	37275	37277
		37280	37282	37284	37286
		37288	37290	37292	37294
		37296	37298	93580	
		DX not req prior authorization (PA)			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I72.9	I73.00	I73.01	I73.1
		I73.81	I74.3	I74.4	I74.5
		I74.8	I74.9	I75.021	I75.022
		I75.023	I75.029	I75.89	I77.2
		I77.70	I77.72	I77.77	I77.79
		I96	L03.115	L03.116	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	M86.8X51
		M86.8X52	M86.8X59	M86.8X61	M86.8X62
		M86.8X69	M86.8X71	M86.8X72	M86.8X79
		M86.8X89	M86.8X9	M86.9	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	S35.511A	S35.512A	S81.801A
		S81.802A	S81.809A	S91.301A	S91.302A
		S91.309A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.818A	T82.868A	T82.898A	
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and	Injectable chemotherapy drugs that require prior authorization: • Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	intrathecal for a cancer diagnosis	ID and password. Then, select the Prior Authorization and Notification tile on your dashboard. Or you can call 888-397-8129.			
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 L8619	69714 L8690	69930 L8691	L8614 L8692
Continuous glucose monitor	Prior authorization required with Type 2 diabetes diagnosis	E0787			
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	Prior authorization required	11960 14061* 15822 15877 17107 21138 21179 21183 21256 21295 28344 67900 67904 67911 67916 67923 67966 *Will NOT require prior authorization when billed with skin cancer diagnoses These surgical codes with the following DX codes: F64.0	14020* 14301 15823 15878 17108 21139 21180 21184 21275 21740 30620 67901 67906 67912 67917 67924 Q2026 F64.1	14021* 15820 15830 15879 17999 21172 21181 21230 21280 21742 55970 67902 67908 67914 67921 67950 F64.2	14060 15821 15847 17106 21137 21175 21182 21235 21282 21743 55980 67903 67909 67915 67922 67961 F64.8

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
improve or restore physiologic function **Cosmetic and reconstructive procedures (cont.)**		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 retail purchase or a cumulative rental cost of more than $500. Prosthetics are not DME – see Orthotics and prosthetics.	A4618	A9900	E0270	E0329
		E0466	E0652	E0675	E0766
		E1002	E1006	E1010	E1130
		E1232	E1236	E1399	E2228
		E2311	E2329	E2502	E2510
		E2611	E2615	E2621	E2629
		K0013	K0831	K0851	K0855
		K0859	K0863	K0870	K0879
		K0886	T1999	E0194	E0277
		E0445	E0472	E0620	E0656
		E0693	E0745	E0784	E1003
		E1007	E1030	E1161	E1233
		E1237	E1825	E2298	E2322
		E2331	E2504	E2612	E2616
		E2626	E2630	K0108	K0848
		K0852	K0856	K0860	K0864
		K0871	K0880	K0890	V2786
		E0265	E0300	E0457	E0483
		E0636	E0669	E0694	E0762
		E0984	E1004	E1008	E1035
		E1229	E1234	E1238	E2100
		E2301	E2325	E2351	E2506
		E2613	E2617	E2627	K0005
		K0812	K0849	K0853	K0857
		K0861	K0868	K0877	K0884
		K0891	E0266	E0328	E0465
		E0486	E0637	E0670	E0764
		E0986	E1005	E1009	E1036
		E1231	E1235	E1239	E2227
		E2310	E2327	E2373	E2508
		E2614	E2620	E2628	K0008

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		K0830 K0862 S1040	K0850 K0869	K0854 K0878	K0858 K0885
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002	B9998* *No Prior Authorization Required for B9998 with U7 and U8 Modifier		
Experimental and investigational (and/or linked services)	Prior authorization required	33477 65767 E0231 S9991	36514 66180 E1831	64722 A4226 S0810	65765 A4638 S9990
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic and molecular testing to include BRCA	Prior authorization required for genetic and molecular testing performed in an outpatient setting 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 authorization/notific	81162 81229 81401 81405 81410 81414 81425 81432 81440 81448 81455 81460 81465 81519 81523 81552 87505 0026U 0050U 0101U 0129U	81163 81277 81402 81406 81411 81415 81426 81435 81441 81449 81457 81462 81471 81520 81541 81558 0018U 0037U 0087U 0102U 0171U	81164 81349 81403 81407 81412 81416 81427 81437 81443 81450 81458 81463 81479 81521 81542 81595 0022U 0047U 0088U 0103U 0179U	81228 81400 81404 81408 81413 81417 81431 81439 81445 81451 81459 81464 81518 81522 81546 81599 0023U 0048U 0094U 0118U 0209U

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include BRCA (cont.)	ation 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.	0211U	0212U	0213U	0214U
		0215U	0216U	0217U	0237U
		0238U	0239U	0242U	0244U
		0245U	0250U	0265U	0268U
		0271U	0272U	0273U	0274U
		0276U	0288U	0289U	0306U
		0307U	0318U	0319U	0320U
		0326U	0334U	0355U	0364U
		0378U	0379U	0388U	0389U
		0391U	0395U	0398U	0409U
		0425U	0426U	0444U	0473U
		0474U	0475U	0478U	0480U
		0481U	0483U	0484U	0485U
		0487U	0493U	0499U	0500U
		0502U	0504U	0505U	0506U
		0523U	0529U	0530U	0536U
		0538U	0539U	0540U	0543U
		0544U	0552U	0554U	0562U
		0567U	0571U	S3854	S3865
		S3870			
Home health services	Prior authorization is required only in outpatient settings, to include member's home. The following procedure codes require documentation of a face-to-face visit within 90 days before the start of services.	97535	97537	99381	99382
		99383	99384	99385	99391
		99392	99393	99394	99395
		99600	99601	99602	G0151
		G0152	G0153	G0156	G0299
		G0300	H0004	H0045	H2014
		S0315	S0316	S5125	S5130
		S5135	S5190	S9128	S9129
		S9131	S9460	T1000	T1001
		T1002	T1003	T1004	T1005
		T1019	T1021	T1023	T1030
		T1031	T1502	T2025	T2029
		T2040			
Injectable medications	Prior authorization required	Abilify Asimtufii J0402 Abilify Maintena J0401 Actemra J3262 Acthar J0801 Adakveo J0791 Adasuve J2062			

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		Adcetris J9042 Aduhelm J0172 Adynovate J7207 Adzynma J7171 Akynzeo J1454 Alhemo J7173 Aliqopa J9057 Alprolix J7201 Amivantamab (Rybrevant) J9999 Amondys 45 J1426 Amvuttra J0225 Anti-thymocyte globulin (Atgam) J7504 Aralast NP, Prolastin-C, Zemaira J0256 Aristada J1944 Aristada Initio J1943 Arranon J9261 Arzerra J9302 Ascenic J1554 Avonex J1826 Q3027 Q3028 Avsola Q5121 Avtozma Q5156 Bavencio

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J9023 Belantamab mafodotin-blmf (Blenrep) J9037 Belinostat (Beleodaq) J9032 Bendeka J9034 Benlysta J0490 Beqvez J1414 Betaseron J1830 Bevacizumab-awwb (Mvasi) Q5107 Bicnu J9050 Bkemv Q5152 Blincyto J9039 Bortezomib (Velcade) J9041 Botulinum toxins J0585 J0586 J0587 J0588 Brineura J0567 Calaspargase pegol-mknl (Asparlas) J9118 Camptosar J9206 Cemiplimab-rwlc (Libtayo) J9119 Cerezyme J1786 Chlorpromazine J3230 Cimzia* J0717 Cinqair J2786 Cinryze

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J0598 Clofarabine (Clolar) J9027 Cortrophin Gel J0802 Cosentyx IV J3247 Crysvita J0584 Cutaquig J1551 Cyramza J9308 Darzalex J9145 Darzalex Faspro J9144 Daxxify J0589 Dinutuximab (Unituxin) J9999 Doxorubicin Doxil) Q2050 Elaprase J1743 Elelyso J3060 Elevidys J1413 Elfabrio J2508 Eloctate J7205 Empliciti J9176 Enbrel J1438 Encelto J3403 Enhertu J9358 Enjaymo J1302 Entyvio

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J3380 Epysqli Q5151 Erbitux J9055 Eribulin mesylate (Halaven) J9179 Erzofri J2428 Evenity J3111 Evkeeza J1305 Evomela J9246 Exondys 51 J1428 Fabrazyme J0180 Fasenra J0517 Firazyr J1744 Flolan J1325 Fluphenazine Decanoate J2680 Fylnetra Q5130 Gamifant J9210 Gazyva J9301 Givlaari J0223 Glassia J0257 Glatiramer (Glatopa, Copaxone) J1595 Glucarpidase (Voraxaze) J3590 C9293 Granix

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J1447 Haloperidol Decanoate J1631 Hemgenix J1411 Hemlibra J7170 Herceptin J9355 Herceptin Hylecta J9356 Herzuma Q5113 Hyalgan, Supartz, Visco-3 J7321 Hyqvia J1575 Hymovis, Hymovis One J7322 Hympavzi J7172 Idacio Q5131 Idelvion J7202 Ilaris J0638 Ilumya J3245 Imaavy J9256 Imfinzi J9173 Imuldosa IV Q5098 Inflectra Q5103 Infugem J9198 Inotuzumab ozogamicin (Besponsa) J9229 Invega Sustenna J2426

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Isatuximab-irfc (Sarclisa) J9227 IVIG 90283 J1459 J1552 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1576 J1599 Ixempra J9207 Jemperli J9272 Jevtana J9043 Jivi J7208 Jubbonti Q5136 Kadcyla J9354 Kanjinti Q5117 Keytruda J9271 Khapzory J0642 Kisunla J0175 Kyprolis J9047 Lamzede J0217 Lartruvo J9285 Lemtrada J0202 Leqembi J0174 Leukine J2820 Leuprolide Acetate J9218 Loncastuximab tesirine (Zynlonta)

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		C9399 J9999 Lucentis J2778 Lumizyme J0221 Lumoxiti J9313 Lurbinectedin (Zepzelca) J9223 Luxturna J3398 Margetuximab-cmkb (Margenza) J9353 Mesnex J9209 Mitomycin pyelocalyceal (Jelmyto) J9281 Mogamulizumab-kpkc (Poteligeo) J9204 Mozobil J2562 Naxitamab-gqgk (Danyelza) J9348 Neulasta J2506 Neupogen J1442 Niktimvo J9038 Nplate J2802 Nucala J2182 Nulibry J1809 Nypozi Q5148 Ocrevus J2350 Ocrevus Zunovo J2351 Octreotide (Sandostatin) J2354

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Injectable medications (cont.)		Ogivri Q5114 Olanzapine, Zyprexxa S0166 Omacetaxine (Synribo) J9262 Omvoh J2267 Oncaspar J9266 Onivyde J9205 Onpattro J0222 Opdivo J9299 Opfolda J1202 Orencia J0129 Osvyrti Q5166 Otulfi IV Q9999 Oxlumo J0224 Paclitaxel protein-bound (Abraxane) J9264 Parsabiv J0606 Papzimeos J3404 Pemetrexed (Alimta) J9305 Pemfexy J9304 Pepaxton J9247 Perjeta J9306 Perseris J2798 Phesgo

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J9316 Porfimer sodium (Photofrin) J9600 Portrazza J9295 Pralatrexate (Folotyn) J9307 Prialt J2278 Prolia Zgeva J0897 Provenge Q2043 Pyzchiva IV Q9997 Qfitlia J7174 Qivigy J1577 Rebinyn J7203 Rasburicase (Elitek) J2783 Reblozyl J0896 Releuko Q5125 Remicade J1745 Remodulin Treprostinil J3285 Renflexis Q5104 Riabni Q5123 Risperdal Consta J2794 Rituxan J9312 Rituxan Hycela J9311 Roctavian J1412

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Romidepsin (Istodax) J9315 Rybrevant J9061 Rykindo J2801 Rylaze J9021 Ryplazim J2998 Rystiggo J9333 Sandostatin LAR J2353 Selarsdi Q9998 Simponi Aria J1602 Skyrizi J2327 Soliris J1299 Spinraza J2326 Spravato J0013 Starjemza Q5164 Stelara J3358 Steqeyma IV Q5099 Stoboclo Q5157 Sunlenca J1961 Supprelin LA J9226 Synagis* 90378 Tafasitamab-cxix (Monjuvi) J9349

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Tagraxofusp-erzs (Elzonris) J9269 Tecelra Q2057 Tecentriq J9022 Tepezza J3241 Tezspire J2356 Therapeutic Radiopharmaceuticals A9606 A9607 A9615 A9699 Tofidence Q5133 Trazimera Q5116 Treanda J9033 Trelstar J3315 Tremfya J1628 Triptodur J3316 Trodelvy J9317 Truxima Q5115 Tyenne Q5135 Tyruko Q5134 Tysabri J2323 Tyvaso J7686 Tzield J9381 Ultomiris J1303 Unclassified codes** C9149 C9399 J3490 J3590

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Udenyca			
		Q5111			
		Uplizna			
		J1823			
		Uzedy			
		J2799			
		Valstar			
		J9357			
		Varubi			
		J2797			
		Vectibix			
		J9303			
		Ventavis			
		Q4074			
		Veopoz			
		J9376			
		Viltepso			
		J1427			
		VPRIV			
		J3385			
		Vyepti			
		J3032			
		Vyjuvek			
		J3401			
		Vyondys 53			
		J1429			
		Vyvgart Hytrulo			
		J9334			
		Vyxeos			
		J9153			
		White Blood Cell Colony Stimulating Factors			
		J1442	J1447	J1448	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122		
		Xembify			
		J1558			
		Xenpozyme			
		J0218			
		Xiaflex			
		J0775			
		Xifyrm			
		J1737			
		Xolair			
		J2357			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Xofigo A9606 Yervoy J9228 Yesintek IV Q5100 Yondelis J9352 Zaltrap J9400 Zarxio Q5101 Zolgensma J3399 Zynteglo J3393 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, prior authorization is only required for Briumvi, Fyarro, Invega Hafyera, Kebildi, Nexviazyme, Pombiliti, Revatio, Saphnelo, Tegsedi, Tivdak, Uptravi, Uzedy, Vabysmo, Voxzogo *** For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on Sign In in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129
Joint replacement Joint, total hip and knee replacement	Prior authorization required	23470 23472 23473 23474 24360 24361 24362 24363 24370 24371 27120 27125 27130 27132 27134 27137 27138 27412 27446 27447

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United Healthcare Community Plan

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
procedures		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
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500
		L5505	L5510	L5520	L5530

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United Healthcare Community Plan

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5535	L5540	L5560	L5570
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
		L5648	L5649	L5651	L5653
		L5657	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	L6034	L6035	L6036
		L6038	L6039	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

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United Healthcare Community Plan

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Personal care service	Prior authorization required	T1019			
Positron emission tomography (PET) scans	Not a covered benefit unless medically necessary and prior authorization is obtained	78459 78609 78814	78491 78811 78815	78492 78812	78608 78813
Private duty nursing	Prior authorization required	T1000			
Prostate procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
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 30435 30465	30410 30450	30420 30460	30430 30462
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 95783	41599	42145	95782

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Sleep studies	Prior authorization required	95800	95801	95805	95806
		95807	95808	95810	95811
Spinal surgery	Prior authorization required	22206	22207	22210	22212
		22214	22220	22224	22510
		22511	22512	22513	22514
		22515	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22836	22837	22838
		22849	22852	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
		63185	63190	63191	63267
		63268	63270	63271	63272
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0656T	0657T	0790T
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	61863	61867
		61885	61886	63650	63655
		63685	64553	64555	64568
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma, Breyanzi, Carvykti, Kymriah, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus Waskyra, Yescarta and Zevaskyn 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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		38212	38213	38214	38215
		38240	38241	38242	44132
		44133	44135	44136	44137
		44715	44720	44721	47133
		47135	47140	47141	47142
		47143	47144	47145	47146
		47147	48551	48552	48554
		50300	50320	50323	50325
		50340	50360	50365	50370
		50547	38232*	J3386	J3387
		J3389	J3391	J3394	J3402
		S2060	S2061	S2152	
		CAR-T cell therapy			
		J9999	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	Q2058**
		*Code 38232 will only require prior authorization for an oncology diagnosis. **Prior authorization effective 12/22/2025 for Aucatzyl			
		Unclassified codes			
		J3490*	J3590*	C9399*	
		*For unclassified codes prior authorization is required for Casgevy, Omisirge			
Vein procedures Removal of ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36473	36475	36478	37700
		37718	37722	37765	37766
		37780			
Ventricular assist devices (VAD) A mechanical pump that takes over	Prior authorization required VAD device and supplies are not covered.	Please call the notification number on the back of the member's health plan ID card.			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
the function of the damaged ventricle of the heart and restores normal blood flow		
Wound vac	Prior authorization required	E2402

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