

# Prior Authorization Requirements for Kansas Medicaid Effective Dec. 1, 2020

## 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  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>Cardiovascular</b>	Prior authorization required	37220 37226	37221 37227	37224 37228	37225 37229
<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 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	15821 15847 17108

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive procedures (continued)</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function  Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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 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	E0787
		E0984	E0986	E1002	E1003
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	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

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<b>Durable medical equipment (DME)</b> (continued)		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> 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	A4226
		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
	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.	81165	81166	81167	81170
		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
	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.	81215	81217	81218	81219
		81220	81221	81222	81223
		81224	81225	81226	81228
		81229	81230	81231	81232
		81233	81234	81235	81236
		81237	81238	81239	81240
		81241	81242	81243	81244
		81245	81246	81247	81248
	81249	81250	81251	81254	
	81255	81256	81257	81258	
	81259	81260	81261	81262	

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Genetic and molecular testing to include BRCA genetic testing (continued)		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	
		81442	81445	81448	81460	
		81465	81470	81471	81507	
		81518	81519	81520	81521	
		81522	81545	81595	87481	
		87482	87505	87506	87507	
		87510	87511	87512	87623	
		87661	87797	87798	87799	
		87800	87801	0157U	0158U	
		0159U	0160U	0161U	0162U	
	<b>Home health services</b>	Prior authorization is required only in outpatient settings, to include member's home.  The following procedure codes require documentation of a face-to-face encounter within 90 days before the start of services.	G0299	G0300	T1002	T1003
	<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b> J3262 <b>Acthar®</b> J0800 <b>Adakveo®</b> J0791 <b>Adynovate®</b>			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (continued)		J7207		
		<b>Akynzeo®</b>		
		J1454		
		<b>Alprolix®</b>		
		J7201		
		<b>Arcalyst®</b>		
		J2793		
		<b>Avonex®</b>		
		J1826	Q3027	Q3028
		<b>Avsola™</b>		
		Q5121		
		<b>Betaseron®</b>		
		J1830		
		<b>Botulinum toxins</b>		
		J0585	J0586	J0587 J0588
		<b>Brineura™</b>		
		J0567		
		<b>Camptosar®</b>		
		J9206		
		<b>Cerezyme®</b>		
		J1786		
		<b>Cimzia®*</b>		
		J0717		
		<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			
	<b>Evenity™</b>			
	J3111			
	<b>Exondys 51™</b>			
	J1428			
	<b>Fasenra™</b>			
	J0517			
	<b>Firazyr®</b>			

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Injectable medications (continued)

		J1744			
		<b>Flolan®</b>			
		J1325			
		<b>Gamifant®</b>			
		J9210			
		<b>Givlaari®</b>			
		J0223			
		<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			
		<b>Ilumya™</b>			
		J3245			
		<b>Imfinzi®</b>			
		J9173			
		<b>Inflectra®</b>			
		Q5103			
		<b>Intron® A</b>			
		J9214			
		<b>IVIG</b>			
		90283	J1459	J1555	J1556
		J1557	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1599			
		<b>Jetrea®</b>			
		J7316			
		<b>Kalbitor®</b>			
		J1290			
		<b>Kanuma®</b>			
		J2840			
		<b>Keytruda®</b>			
		J9271			
		<b>Krystexxa®</b>			
		J2507			
		<b>Lartruvo®</b>			
		J9285			
		<b>Lemtrada®</b>			
		J0202			
		<b>Leukine®</b>			

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Injectable medications (continued)		J2820
		<b>Leuprolide Acetate</b>
		J9218
		<b>Luxturna™</b>
		J3398
		<b>Makena®</b>
		J1726
		<b>Neulasta®</b>
		J2505
		<b>Neupogen®</b>
		J1442
		<b>Nplate®</b>
		J2796
		<b>Nucala®</b>
		J2182
		<b>Ocrevus™</b>
		J2350
		<b>Onivyde®</b>
		J9205
		<b>Onpattro™</b>
		J0222
		<b>Opdivo®</b>
		J9299
		<b>Orencia®</b>
		J0129
		<b>Parsabiv™</b>
		J0606
		<b>Pegasys®</b>
		S0145
		<b>PegIntron®</b>
	S0148	
	<b>Prialt®</b>	
	J2278	
	<b>Probuphine®</b>	
	J0570	
	<b>Provenge®</b>	
	Q2043	
	<b>Rebinyn®</b>	
	J7203	
	<b>Radicava®</b>	
	J1301	
	<b>Reblozyl®</b>	
	J0896	
	<b>Remicade®</b>	
	J1745	
	<b>Renflexis®</b>	

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

Q5104

**Rituxan®**

J9312

**Rituxan Hycela®**

J9311

**Simponi Aria®**

J1602

**Soliris®**

J1300

**Spinraza™**

J2326

**Stelara®**

J3358

**Sublocade™**

Q9991                      Q9992

**Supprelin® LA**

J9226

**Synagis®\***

90378

**Tepezza®**

J3241

**Trelstar®**

J3315

**Tremfya®**

J1628

**Triptodur®**

J3316

**Trogarzo™**

J1746

**Unclassified codes\*\***

C9399                      J3490                      J3590

**Vantas™**

J9225

**Varubi®**

J2797

**Ventavis®**

Q4074

**VPRIV®**

J3385

**Vyepti™**

J3032

**Vyondys 53®**

J1429

**Xembify®**

J1558

**Xolair®**

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

J2357  
**Xofigo®**  
A9606  
**Zarxio®**  
Q5101  
**Zolgensma®**  
J3399

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](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 Cimzia and Synagis through OptumRx prior notification services at **800-310-6826**.

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

<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
<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

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Orthotics and prosthetics (continued)		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
		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	

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<b>Orthotics and prosthetics (continued)</b>		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 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> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	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> 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	95807	95808	95810
	Prior authorization is required for members age <b>21 and older</b> .	95811			
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Spinal surgery (continued)		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	
		63064	63075	63077	63081	
		63085	63087	63090	63101	
		63102	63170	63172	63173	
		63180	63182	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) 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	

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