

Prior Authorization Requirements for Kansas Medicaid

Effective March 1, 2022

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 the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal 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	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.			
	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For ABA Therapy, submit via fax or Provider Express			
Bariatric surgery	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
Bone growth stimulator	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
BRCA genetic testing	Prior authorization required	81162	81163	81164	81165
		81166	81212	81432	81433
Breast reconstruction (non-mastectomy)	Prior authorization required	19316	19318	19325	19328
Reconstruction of the breast except when following mastectomy		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Cancer supportive care	Prior authorization required	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>
	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis. <i>*Codes J1442, J1447, J1448, J2506, J2820, J0897, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 will also require prior authorization for non-oncology DX. See the Injectable medications section below</i>	Bio similar (Zarxio®) Q5101* Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym™) Q5110* Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122* Pegfilgrastim (Neulasta®) J2506 Pegfilgrastim-bmez (Ziextenzo®) Q5120 Pegfilgrastim-cbqv (UDENYCA™) Q5111* Pegfilgrastim-jmdb (Fulphila™) Q5108* Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447* Trilaciclib (Cosela™) J1448* <u>Bone-modifying agents that require prior authorization:</u> Denosumab (Xgeva®) J0897* 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. Then, select the Prior Authorization and Notification tile on your provider portal dashboard. Or, call 888-397-8129 . *Category effective 5/1/2022

Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		93580*			
		*Code effective 4/1/2022			

Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization:
		<ul style="list-style-type: none"> • 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 Healthcare Common Procedure Coding System (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. Then, select the Prior Authorization and Notification tile on your provider portal dashboard. Or, call 888-397-

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Chemotherapy (continued)		8129.			
		*Category effective 5/1/2022			
Cochlear implants and other auditory implants	Prior authorization required	69710	69714	69930	L8614
A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech		L8619	L8690	L8691	L8692
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	E0787	K0553	K0554
Cosmetic and reconstructive procedures	Prior authorization required	11960	11971	14020	14021
		14060	14061	14301	15820
		15821	15822	15823	15830
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15847	15877	15878*	15879*
		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21275	21280
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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	
		*Codes effective 4/1/2022			
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Durable medical equipment (DME) (continued)	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	
		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	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	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Functional endoscopic sinus surgery (FESS) (continued)		31276	31287	31288	
Genetic and molecular testing to include BRCA	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
		81171	81172	81173	81174
	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.	81175	81176	81177	81178
		81179	81180	81181	81182
		81183	81184	81185	81186
		81187	81188	81189	81190
		81200	81201	81203	81204
		81205	81208	81209	81212
		81218	81220	81222	81223
		81224	81225	81226	81228
		81229	81230	81231	81232
		81233	81234	81236	81237
		81238	81239	81240	81241
		81242	81243	81244	81245
		81246	81247	81248	81249
	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.	81250	81251	81254	81255
		81256	81257	81258	81259
		81260	81261	81262	81263
		81264	81265	81267	81268
		81269	81271	81272	81273
		81274	81276	81283	81284
		81285	81286	81287	81288
		81289	81290	81291	81292
		81294	81295	81297	81298
		81300	81302	81304	81305
		81306	81307	81309	81310
		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	
	81375	81376	81377	81378	
	81379	81380	81381	81382	
	81383	81400	81401	81402	
	81403	81404	81405	81406	

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)		81407	81408	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	<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
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Injectable medications	Prior authorization required	<p>Abilify Maintena® J0401</p> <p>Actemra® J3262</p> <p>Acthar® J0800</p> <p>Adakveo® J0791</p> <p>Adasuve® J2062</p> <p>Adcetris® J9042</p> <p>Aduhelm®*** J0172</p> <p>Adynovate® J7207</p> <p>Akynzeo® J1454</p> <p>Aliqopa J9057</p> <p>Alprolix® J7201</p> <p>Amivantamab (Rybrevant) J9999</p>
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)		Amondys 45	
		J1426	
		Anti-thymocyte globulin (Atgam®)	
		J7504	
		Aralast NP, Prolastin-C, Zemaira***	
		J0256	
		Arcalyst®	
		J2793	
		Aristada®	
		J1944	
		Aristada Initio®	
		J1943	
		Arranon®	
		J9261	
		Arzerra	
		J9302	
		Azedra®	
		A9590	
		Avonex®	
		J1826	Q3027 Q3028
		Avsola™	
		Q5121	
		Bavencio®	
		J9023	
		Belantamab mafodotin-blmf (Blenrep)	
		J9037	
		Belinostat (Beleodaq)	
		J9032	
		Bendeka®	
		J9034	
		Benlysta®	
		J0490	
		Betaseron®	
		J1830	
		Bevacizumab-awwb (Mvasi)	
		Q5107	
		Bicnu	
		J9050	
		Blincyto®	
		J9039	
		Bortezomib (Velcade)	
		J9041	
		Botulinum toxins	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		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				
	Cinvanti®				
	J0185				
	Clofarabine (Clolar)				
	J9027				
	Crysvita®				
	J0584				
	Cyramza®				
	J9308				
	Darzalex®				
	J9145				
	Darzalex Faspro®				
	J9144				
	Dinutuximab (Unituxin)				
	J9999				
	Doxorubicin Doxil)				
	Q2050				
	Elaprase®				
	J1743				
	Elelyso®				
	J3060				
	Elliotts B® solution				
	J9175				
	Eloctate®				
	J7205				
	Emend Fosaprepitant®				
	J1453				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		Empliciti® J9176 Enbrel® J1438 Enhertu J9358 Erbitux J9055 Eribulin mesylate (Halaven) J9179 Evenity™ J3111 Evkeeza J1305 Evomela J9246 Exondys 51™ J1428 Fabrazyme® J0180 Fasenra™ J0517 Firazyr® J1744 Flolan® J1325 Fluphenazine Decanoate® J2680 Gamifant® J9210 Gazyva® J9301 Givlaari® J0223 Glassia® J0257 Glatiramer (Glatopa®, Copaxone®) J1595 Glucarpidase (Voraxaze®) J3590 C9293 Granix J1447 Haloperidol Decanoate®

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J1631			
		Herceptin®			
		J9355			
		Herceptin Hylecta®			
		J9356			
		Herzuma®			
		Q5113			
		Hydroxyprogesterone Caproate			
		J1729			
		Idelvion®			
		J7202			
		Ilaris®			
		J0638			
		Ilumya™			
		J3245			
		Imfinzi®			
		J9173			
		Inflectra®			
		Q5103			
		Infugem™			
		J9198			
		Inotuzumab ozogamicin (Besponsa)			
		J9229			
		Intron® A			
		J9214			
		Invega Sustenna®			
		J2426			
		Isatuximab-irfc (Sarclisa)			
		J9227			
		IVIG			
		90283	J1459	J1555	J1556
		J1557	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1599			
		Ixempra®			
		J9207			
		Jemperli			
		J9272			
	Jetrea®				
	J7316				
	Jevtana®				
	J9043				
	Jivi®				
	J7208				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		Kadcyla® J9354
		Kalbitor® J1290
		Kanjinti Q5117
		Kanuma® J2840
		Keytruda® J9271
		Khazory J0642
		Krystexxa® J2507
		Kyprolis® J9047
		Lartruvo® J9285
		Lemtrada® J0202
		Leukine® J2820
		Leuprolide Acetate J9218
		Loncastuximab tesirine (Zynlonta) C9399 J9999
		Lucentis® J2778
		Lumoxiti® J9313
		Lurbinectedin (Zepzelca) J9223
		Lutathera® A9513
		Luxturna™ J3398
		Makena® J1726
		Margetuximab-cmkb (Margenza) J9353
		Marqibo J9371
		Mesnex®

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		J9209
		Mitomycin pyelocalyceal (Jelmyto)
		J9281
		Mogamulizumab-kpkc (Poteligeo)
		J9204
		Mozobil®
		J2562
		Naxitamab-gqqk (Danyelza)
		J9348
		Neulasta®
		J2506
		Neupogen®
		J1442
		Nplate®
		J2796
		Nucala®
		J2182
		Ocrevus™
		J2350
		Octreotide (Sandostatin®)
		J2354
		Ogivri®
		Q5114
		Olanzapine, Zyprexa
		S0166
		Omacetaxine (Synribo)
		J9262
		Oncaspar
		J9266
		Onivyde®
		J9205
		Onpattro™
		J0222
		Ontruzant®
		Q5112
		Opdivo®
		J9299
		Orencia®
		J0129
		Paclitaxel protein-bound (Abraxane)
		J9264
		Parsabiv™
		J0606

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		Pegasys® S0145
		PegIntron® S0148
		Pemetrexed (Alimta) J9305
		Pemfexy J9304
		Pepaxton® J9247
		Perjeta® J9306
		Perseris® J2798
		Phesgo® J9316
		Porfimer sodium (Photofrin) J9600
		Portrazza J9295
		Pralatrexate (Folotyn) J9307
		Prialt® J2278
		Probuphine® J0570
		Prolia Zgeva® J0897
		Provenge® Q2043
		Rebinyn® J7203
		Radicava® J1301
		Rasburicase (Elitek®) J2783
		Reblozyl® J0896
		Remicade® J1745
		Remodulin Treprostinil® J3285
		Renflexis®

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		Q5104 Riabni®
		Q5123 Risperdal Consta®
		J2794 Rituxan®
		J9312 Rituxan Hycela®
		J9311 Romidepsin (Istodax)
		J9315 Rybrevant®
		J9061 Rylaze™
		J9021 Sandostatin® LAR
		J2353 Simponi Aria®
		J1602 Soliris®
		J1300 Spinraza™
		J2326 Spravato™
		S0013 Stelara®
		J3358 Sublocade™
		Q9991 Q9992 Supprelin® LA
		J9226 Synagis®*
		90378 Tafasitamab-cxix (Monjuvi)
		J9349 Tagraxofusp-erzs (Elzonris)
		J9269 Tecentriq®
		J9022 Tepezza®
		J3241 Testopel®
		S0189

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)		Testosterone enanthate®	
		J3121	
		Therapeutic Radiopharmaceuticals****	
		A9606	A9699
		Trazimera™	
		Q5116	
		Treanda®	
		J9033	
		Trelstar®	
		J3315	
		Tremfya®	
		J1628	
		Triptodur®	
		J3316	
		Trodelvy®	
		J9317	
		Trogarzo™	
		J1746	
		Truxima®	
		Q5115	
		Tysabri®	
		J2323	
		Tyvaso®	
		J7686	
		Unclassified codes**	
		C9399	J3490 J3590
		Uplizna®	
		J1823	
		Valstar®	
		J9357	
		Vantas™	
		J9225	
		Varubi®	
		J2797	
		Vectibix®	
		J9303	
		Ventavis®	
		Q4074	
		Viltepso™	
		J1427	
		VPRIV®	
		J3385	
		Vyepti™	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J3032				
	Vyondys 53®				
	J1429				
	Vyxeos®				
	J9153				
	White Blood Cell Colony Stimulating Factors****				
	J1442	J1447	J1448	J2506	
	Q5101	Q5108	Q5110	Q5111	
	Q5120	Q5122			
	Xembify®				
	J1558				
	Xiaflex®				
	J0775				
	Xolair®				
	J2357				
	Xofigo®				
	A9606				
	Yervoy®				
	J9228				
	Yondelis®				
	J9352				
	Zaltrap®				
	J9400				
	Zarxio®				
	Q5101				
	Zinplava®				
	J0565				
	Zolgensma®				
J3399					
Zyprexa Relprevv®					
J2358					
<p>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 UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p>					
<p>* Please obtain prior notification for Cimzia and Synagis through OptumRx prior notification services at 800-310-6826.</p>					
<p>** For unclassified and temporary codes C9399, J3490, J3590, J9999, prior authorization is only required for Cutaquig®, Fyarro, Invega Hafyera®, Lupaneta Pack™, Nulibry, Revatio, Tezspire™, Tivdak and Upravi®.</p>					
<p>*** Code effective 4/1/2022</p>					
<p>**** Codes J1442, J1447, J2506, J2820, Q5101, Q5108, Q5110,</p>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		<p>Q5111, Q5120 and Q5122, white blood cell colony stimulating factors, will require prior authorization for both oncology and non-oncology DX. For oncology DX please see Cancer Supportive Care section above. Effective 5/1/2022</p> <p>***** 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. Then, select the Prior Authorization and Notification tile on your provider portal dashboard. Or call 888-397-8129. Effective 5/1/2022</p> <p>For non-oncology DX submit online at UHCprovider.com > Prior Authorization and Notification tool or call 877-842-3210.</p>			
Joint replacement 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	
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		

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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				
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			
Prostate procedures	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
*New category codes effective 4/1/2022					
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	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Sleep studies	No prior authorization is	95800	95801	95805	95806

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Sleep studies (continued)	required for members age 21 and younger . Prior authorization is required for members age 21 and older .	95807	95808	95810	95811
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	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	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	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308			
		*Codes effective 4/1/2022			
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® (Idecaptagene Cicleucel), Breyanzi® (Lisocaptagene Maralucecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucaptagene autoleucel) and Yescarta™ (axicaptagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Transplants (continued) 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
S2061	S2152		

CAR-T Cell Therapy

0537T	0538T	0539T	0540T
Q2041	Q2042	Q2053	Q2054
Q2055			

*Code 38232 will only require prior authorization for an oncology diagnosis.

Vein procedures	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	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			
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