

# Prior authorization requirements for Kansas Medicaid

## Effective July 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](https://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](https://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			
<b>Behavioral health services</b>	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 applied behavior analysis (ABA) therapy, submit Provider Express			
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
<b>Bone growth stimulator</b> Electronic	Prior authorization required	20975	20979		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
stimulation or ultrasound to heal fractures					
<b>Breast cancer (BRCA) genetic testing</b>	Prior authorization required	81162 81166	81163 81212	81164 81432	81165
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600
<b>Cancer supportive care</b>	Prior authorization required	Injectable colony-stimulating factor drugs that require prior authorization:			
		J0897*	J1434	J1442*	J1447*
	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	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 <a href="http://UHCprovider.com">UHCprovider.com</a> 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.			
	*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.				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular	Prior authorization required	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
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		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
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			

**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:
- 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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech					
<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 diabetes diagnosis	E0787			
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960 14061* 15822 15877	14020* 14301 15823 15878	14021* 15820 15830 15879	14060 15821 15847 17106
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function					
		17107 21138 21179 21183 21256 21295 28344 67900 67904 67911 67916 67923 67966	17108 21139 21180 21184 21275 21740 30620 67901 67906 67912 67917 67924 Q2026	17999 21172 21181 21230 21280 21742 55970 67902 67908 67914 67921 67950	21137 21175 21182 21235 21282 21743 55980 67903 67909 67915 67922 67961
Reconstructive procedures that treat a medical condition or improve or restore physiologic function					
		14000 15738	14001 15750	14041 15757	15734 15758
*Will NOT require prior authorization when billed with skin cancer diagnoses These surgical codes with the following DX codes:					
		F64.0 F64.9	F64.1 Z87.890	F64.2	F64.8

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cosmetic and reconstructive procedures (cont.)</b>		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.	A4618	A7027	A7044	A7045
		A9900	E0194	E0265	E0266
		E0270	E0277	E0300	E0328
		E0329	E0445	E0457	E0465
		E0466	E0472	E0483	E0486
		E0561	E0620	E0636	E0637
		E0652	E0656	E0669	E0670
		E0675	E0693	E0694	E0700
		E0710	E0745	E0762	E0764
		E0766	E0784	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
	Prosthetics are not DME – see Orthotics and prosthetics.	E1010	E1030	E1035	E1036
		E1130	E1161	E1229	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1239
		E1399	E1825	E2100	E2227
		E2228	E2298	E2301	E2310
		E2311	E2322	E2325	E2327
		E2329	E2331	E2351	E2373
		E2500	E2502	E2504	E2506
		E2508	E2510	E2511	E2512
		E2599	E2611	E2612	E2613
		E2614	E2615	E2616	E2617
		E2620	E2621	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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		S1040	T1999	V2786	
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002 *No Prior Authorization Required for B9998 with U7 and U8 Modifier	B9998*		
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477 65767 E0231 S9991	36514 66180 E1831	64722 A4226 S0810	65765 A4638 S9990
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
<b>Genetic and molecular testing to include BRCA</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81162 81229 81401 81405 81410 81414 81425 81432 81440 81448 81455 81460 81465 81519 81523 81552 87505 0026U 0050U 0094U 0111U 0154U 0209U	81163 81277 81402 81406 81411 81415 81426 81435 81441 81449 81457 81462 81471 81520 81541 81558 0018U 0037U 0055U 0101U 0114U 0170U 0211U	81164 81349 81403 81407 81412 81416 81427 81437 81443 81450 81458 81463 81479 81521 81542 81595 0022U 0047U 0087U 0102U 0118U 0171U 0212U	81228 81400 81404 81408 81413 81417 81431 81439 81445 81451 81459 81464 81518 81522 81546 81599 0023U 0048U 0088U 0103U 0129U 0179U 0213U

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Genetic and molecular testing to include BRCA (cont.)</b>	test.	0214U	0215U	0216U	0217U	
	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.	0218U 0239U 0250U 0269U 0273U 0278U 0288U 0292U 0307U 0326U 0378U 0391U 0425U 0449U 0474U 0481U 0487U 0502U 0523U 0538U 0544U 0567U S3870	0233U 0242U 0258U 0270U 0274U 0282U 0289U 0293U 0318U 0334U 0379U 0395U 0426U 0465U 0475U 0483U 0493U 0504U 0529U 0539U 0552U 0571U	0237U 0244U 0265U 0271U 0276U 0285U 0290U 0294U 0319U 0355U 0388U 0398U 0437U 0471U 0478U 0484U 0499U 0505U 0530U 0540U 0554U S3854	0238U 0245U 0268U 0272U 0277U 0286U 0291U 0306U 0320U 0364U 0389U 0409U 0444U 0473U 0480U 0485U 0500U 0506U 0536U 0543U 0562U S3865	
	<b>Home health services</b>	Prior authorization is required only in outpatient settings, to include member's home.	97535	97537	99381	99382
			99383	99384	99385	99391
			99392	99393	99394	99395
			99600	99601	99602	G0151
			G0152	G0153	G0156	G0299
			G0300	H0004	H0045	H2014
		The following procedure codes require documentation of a face-to-face visit within 90 days before the start of services.	S0315	S0316	S5125	S5130
			S5135	S5190	S9128	S9129
			S9131	S9460	T1000	T1001
			T1002	T1003	T1004	T1005
			T1019	T1021	T1023	T1030
			T1031 T2040	T1502	T2025	T2029
	<b>Injectable medications</b>	Prior authorization required	Abilify Asimtufii J0402			
			Abilify Maintena J0401			
			Actemra J3262			
			Acthar J0801			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
	Adakveo		
	J0791		
	Adasuve		
	J2062		
	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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Q5121				
	Avtozma				
	Q5156				
	Bavencio				
	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*					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	J0717 Cinqair J2786 Cinryze 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 Eleyso J3060 Elevidys J1413 Elfabrio J2508 Eloctate J7205 Empliciti J9176 Enbrel J1438 Encelto J3403 Enhertu	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J9358
		Enjaymo
		J1302
		Entyvio
		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)	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J1595
	Glucarpidase (Voraxaze)	
	J3590	C9293
	Granix	
	J1447	
	Haloperidol Decanoate	
	J1631	
	Hemgenix	
	J1411	
	Hemlibra	
	J7170	
	Herceptin	
	J9355	
	Herceptin Hylecta	
	J9356	
	Herzuma	
	Q5113	
	Hyqvia	
	J1575	
	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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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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)					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications (cont.)</b>	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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications (cont.)</b>	Ogivri Q5114 Olanzapine, Zyprexa S0166 Omacetaxine (Synribo) J9262 Omvoh J2267 Oncaspar J9266 Onivyde J9205 Onpattro J0222 Opdivo J9299 Opfolda J1202 Orenia 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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications (cont.)</b>	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	

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 Stelara J3358 Steqeyma IV Q5099 Stoboclo Q5157 Sunlenca J1961 Supprelin LA J9226 Synagis* 90378 Tafasitamab-cxix (Monjuvi) J9349	Tagraxofusp-erzs (Elzonris) J9269

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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				
	Tysabri				
	J2323				
	Tyvaso				
	J7686				
	Tzield				
	J9381				
	Ultomiris				
	J1303				
	Unclassified codes**				
	C9149	C9399	J3490	J3590	
	Udenyca				
	Q5111				
	Uplizna				
	J1823				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
	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			
	Xofigo			
	A9606			
	Yervoy			
	J9228			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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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, Upravi, 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

<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	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330		
<b>Orthognathic surgery</b>	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Treatment of maxillofacial/jaw functional impairment		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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<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
		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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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<b>Orthotics and prosthetics (cont.)</b>		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
		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			
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<b>Positron emission</b>	Not a covered benefit unless medically	78459	78491	78492	78608
		78609	78811	78812	78813

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 PCA-3-25-00846-Clinical-QRG\_04182025



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>tomography (PET) scans</b>	necessary and prior authorization is obtained	78814	78815		
<b>Private duty nursing</b>	Prior authorization required	T1000			
<b>Prostate procedures</b>	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
<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 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 95783	41599	42145	95782
<b>Sleep studies</b>	Prior authorization required	95800 95807	95801 95808	95805 95810	95806 95811

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Spinal surgery</b>	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	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			
<b>Stimulators</b>	Prior authorization required	Bone growth stimulator			
		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			
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma, Breyanzi, Carvykti, Kymriah, Lenmeldy, Lyfgenia, Ryoncil, 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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		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	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*
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\*For unclassified codes prior authorization is required for Casgevy, Omisirge

<b>Vein procedures</b> 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			

<b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over	Prior authorization required	Please call the notification number on the back of the member's health plan ID card.			
		33927	33928	33929	33975
	VAD device and supplies are not covered.	33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509

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		
<b>Wound vac</b>	Prior authorization required	E2402