

# Prior Authorization Requirements for Kansas Medicaid

Effective Aug 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](https://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			
<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 ABA Therapy, submit via fax or Provider Express			
<b>Bariatric surgery</b>	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
<b>Bone growth stimulator</b>	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
<b>BRCA genetic testing</b>	Prior authorization required	81162	81163	81164	81165
		81166	81212	81432	81433
<b>Breast reconstruction (non-mastectomy)</b>	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	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>
	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, Q5111, Q5120 and Q5122 will also require prior authorization for non-oncology DX. See the <a href="#">Injectable medications section below</a>	<b>Bio similar (Zarxio®)</b> Q5101* <b>Filgrastim (Neupogen®)</b> J1442* <b>Filgrastim-aafi (Nivestym™)</b> Q5110* <b>Pegfilgrastim-apgf, biosimilar (Nyvepria®)</b> Q5122* <b>Pegfilgrastim (Neulasta®)</b> J2506 <b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120 <b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111* <b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108* <b>Sargramostim (Leukine®)</b> J2820 <b>Tbo-filgrastim (Granix®)</b> J1447* <b>Trilaciclib (Cosela™)</b> J1448*  <b><u>Bone-modifying agents that require prior authorization:</u></b> <b>Denosumab (Xgeva®)</b> 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 <a href="https://www.uhcprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard. Or, call <b>888-397-8129</b> .

Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		93580			

Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Cyclophosphamide (AuroMedics)</b> J9071
		<b>Tisotumab vedotin-tftv</b> J9273 <b>loncastuximab tesirine-lpyl</b> J9359
		<b><u>Injectable chemotherapy drugs that require prior authorization:</u></b>
		<ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare</li> </ul>

**Procedures and Services**

**Additional Information**

**CPT® or HCPCS Codes and/or How to Obtain Prior Authorization**

Common Procedure Coding System (HCPCS) code

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<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	69714	69930	L8614
		L8619	L8690	L8691	L8692

<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	E0787	K0553	K0554
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<b>Cosmetic and reconstructive procedures</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	Prior authorization required	11960	11971	14020	14021
		14060	14061	14301	15820
		15821	15822	15823	15830
		15847	15877	15878	15879
		17106	17107	17108	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		

**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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive procedures (cont.)</b>		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
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0483	E0486	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	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				
<b>Enteral services</b>	Prior authorization required	B4160	B9002	B9998	
In-home nutritional therapy, either enteral or through a gastrostomy tube					
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4638	A9274
		E0231	E1831	S0810	S9990
		S9991			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<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</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
		81165	81166	81167	81168
	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.	81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81191	81192	81193
		81194	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
	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.	81245	81246	81247	81248
		81249	81250	81251	81254
		81255	81256	81257	81258
		81259	81260	81261	81262
		81263	81264	81265	81267
		81268	81269	81271	81272
		81273	81274	81276	81277
		81278	81279	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
		81338	81339	81340	81341
		81342	81343	81344	81345

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA genetic testing (continued)</b>		81346	81347	81348	81350
		81351	81352	81353	81357
		81360	81361	81362	81363
		81364	81370	81371	81372
		81373	81375	81376	81377
		81378	81379	81380	81381
		81382	81383	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81412
		81419	81420	81432	81433
		81434	81437	81438	81440
		81442	81443	81445	81448
		81460	81465	81470	81471
		81507	81518	81519	81520
		81521	81522	81546	81554
		81595	87481	87482	87505
		87506	87507	87510	87511
		87512	87623	87797	87798
		87799	87800	87801	0157U
	0158U	0159U	0160U	0161U	
<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>Abilify Maintena®</b> J0401 <b>Actemra®</b> J3262 <b>Acthar®</b> J0800 <b>Adakveo®</b> J0791 <b>Adasuve®</b> J2062 <b>Adcetris®</b> J9042 <b>Aduhelm®</b> J0172 <b>Adynovate®</b> J7207			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)	<b>Akynzeo®</b>		
	J1454		
	<b>Aliqopa</b>		
	J9057		
	<b>Alprolix®</b>		
	J7201		
	<b>Amivantamab (Rybrevant)</b>		
	J9999		
	<b>Amondys 45</b>		
	J1426		
	<b>Anti-thymocyte globulin (Atgam®)</b>		
	J7504		
	<b>Aralast NP, Prolastin-C, Zemaira</b>		
	J0256		
	<b>Aristada®</b>		
	J1944		
	<b>Aristada Initio®</b>		
	J1943		
	<b>Arranon®</b>		
	J9261		
	<b>Arzerra</b>		
	J9302		
	<b>Azedra®</b>		
	A9590		
	<b>Avonex®</b>		
	J1826	Q3027	Q3028
	<b>Avsola™</b>		
	Q5121		
	<b>Bavencio®</b>		
	J9023		
	<b>Belantamab mafodotin-blmf (Blenrep)</b>		
	J9037		
	<b>Belinostat (Beleodaq)</b>		
	J9032		
	<b>Bendeka®</b>		
	J9034		
	<b>Benlysta®</b>		
	J0490		
<b>Betaseron®</b>			
J1830			
<b>Bevacizumab-awwb (Mvasi)</b>			
Q5107			
<b>Bicnu</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J9050				
	<b>Blincyto®</b>				
	J9039				
	<b>Bortezomib (Velcade)</b>				
	J9041				
	<b>Botulinum toxins</b>				
	J0585	J0586	J0587	J0588	
	<b>Calaspargase pegol-mknl (Asparlas)</b>				
	J9118				
	<b>Camptosar®</b>				
	J9206				
	<b>Cemiplimab-rwlc (Libtayo)</b>				
	J9119				
	<b>Cerezyme®</b>				
	J1786				
	<b>Chlorpromazine®</b>				
	J3230				
	<b>Cimzia®*</b>				
	J0717				
	<b>Cinqair®</b>				
	J2786				
	<b>Cinvanti®</b>				
	J0185				
	<b>Clofarabine (Clolar)</b>				
	J9027				
	<b>Crysvita®</b>				
	J0584				
	<b>Cutaquig®</b>				
	J1551				
	<b>Cyramza®</b>				
	J9308				
	<b>Darzalex®</b>				
	J9145				
	<b>Darzalex Faspro®</b>				
	J9144				
	<b>Dinutuximab (Unituxin)</b>				
	J9999				
	<b>Doxorubicin Doxil)</b>				
	Q2050				
	<b>Elaprase®</b>				
J1743					
<b>ElELYso®</b>					
J3060					



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<b>Elliotts B® solution</b> J9175
		<b>Eloctate®</b> J7205
		<b>Emend Fosaprepitant®</b> J1453
		<b>Empliciti®</b> J9176
		<b>Enbrel®</b> J1438
		<b>Enhertu</b> J9358
		<b>Erbitux</b> J9055
		<b>Eribulin mesylate (Halaven)</b> J9179
		<b>Evenity™</b> J3111
		<b>Evkeeza</b> J1305
		<b>Evomela</b> J9246
		<b>Exondys 51™</b> J1428
		<b>Fabrazyme®</b> J0180
		<b>Fasenra™</b> J0517
		<b>Firazyr®</b> J1744
		<b>Flolan®</b> J1325
		<b>Fluphenazine Decanoate®</b> J2680
		<b>Gamifant®</b> J9210
		<b>Gazyva®</b> J9301
		<b>Givlaari®</b> J0223
		<b>Glassia®</b> J0257
		<b>Glatiramer (Glatopa®, Copaxone®)</b>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J1595			
	<b>Glucarpidase (Voraxaze®)</b>				
	J3590	C9293			
	<b>Granix</b>				
	J1447				
	<b>Haloperidol Decanoate®</b>				
	J1631				
	<b>Herceptin®</b>				
	J9355				
	<b>Herceptin Hylecta®</b>				
	J9356				
	<b>Herzuma®</b>				
	Q5113				
	<b>Hydroxyprogesterone Caproate</b>				
	J1729				
	<b>Idelvion®</b>				
	J7202				
	<b>Ilaris®</b>				
	J0638				
	<b>llumya™</b>				
	J3245				
	<b>Imfinzi®</b>				
	J9173				
	<b>Inflectra®</b>				
	Q5103				
	<b>Infugem™</b>				
	J9198				
	<b>Inotuzumab ozogamicin (Besponsa)</b>				
	J9229				
	<b>Invega Sustenna®</b>				
	J2426				
	<b>Isatuximab-irfc (Sarclisa)</b>				
	J9227				
	<b>IVIG</b>				
	90283	J1459	J1555	J1556	
	J1557	J1559	J1561	J1566	
	J1568	J1569	J1572	J1575	
	J1599				
<b>Ixempra®</b>					
J9207					
<b>Jemperli</b>					
J9272					
<b>Jevtana®</b>					
J9043					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)	<b>Jivi®</b>	
	J7208	
	<b>Kadcyla®</b>	
	J9354	
	<b>Kanjinti</b>	
	Q5117	
	<b>Keytruda®</b>	
	J9271	
	<b>Khapzory</b>	
	J0642	
	<b>Kyprolis®</b>	
	J9047	
	<b>Lartruvo®</b>	
	J9285	
	<b>Lemtrada®</b>	
	J0202	
	<b>Leukine®</b>	
	J2820	
	<b>Leuprolide Acetate</b>	
	J9218	
	<b>Loncastuximab tesirine (Zynlonta)</b>	
	C9399	J9999
	<b>Lucentis®</b>	
	J2778	
	<b>Lumizyme®</b>	
	J0221	
	<b>Lumoxiti®</b>	
	J9313	
	<b>Lurbinectedin (Zepzelca)</b>	
	J9223	
	<b>Lutathera®</b>	
	A9513	
	<b>Luxturna™</b>	
	J3398	
<b>Makena®</b>		
J1726		
<b>Margetuximab-cmkb (Margenza)</b>		
J9353		
<b>Marqibo</b>		
J9371		
<b>Mesnex®</b>		
J9209		
<b>Mitomycin pyelocalyceal (Jelmyto)</b>		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<p>J9281  <b>Mogamulizumab-kpkc (Poteligeo)</b>  J9204  <b>Mozobil®</b>  J2562  <b>Naxitamab-gqgk (Danyelza)</b>  J9348  <b>Neulasta®</b>  J2506  <b>Neupogen®</b>  J1442  <b>Nplate®</b>  J2796  <b>Nucala®</b>  J2182  <b>Ocrevus™</b>  J2350  <b>Octreotide (Sandostatin®)</b>  J2354  <b>Ogivri®</b>  Q5114  <b>Olanzapine, Zyprexa</b>  S0166  <b>Omacetaxine (Synribo)</b>  J9262  <b>Oncaspar</b>  J9266  <b>Onivyde®</b>  J9205  <b>Onpattro™</b>  J0222  <b>Ontruzant®</b>  Q5112  <b>Opdivo®</b>  J9299  <b>Orencia®</b>  J0129  <b>Paclitaxel protein-bound (Abraxane)</b>  J9264  <b>Parsabiv™</b>  J0606  <b>Pemetrexed (Alimta)</b>  J9305</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<p><b>Pemfexy</b> J9304</p> <p><b>Pepaxton®</b> J9247</p> <p><b>Perjeta®</b> J9306</p> <p><b>Perseris®</b> J2798</p> <p><b>Phesgo®</b> J9316</p> <p><b>Porfimer sodium (Photofrin)</b> J9600</p> <p><b>Portrazza</b> J9295</p> <p><b>Pralatrexate (Folotyn)</b> J9307</p> <p><b>Prialt®</b> J2278</p> <p><b>Probuphine®</b> J0570</p> <p><b>Prolia Zgeva®</b> J0897</p> <p><b>Provenge®</b> Q2043</p> <p><b>Rebinyn®</b> J7203</p> <p><b>Radicava®</b> J1301</p> <p><b>Rasburicase (Elitek®)</b> J2783</p> <p><b>Reblozyl®</b> J0896</p> <p><b>Remicade®</b> J1745</p> <p><b>Remodulin Treprostinil®</b> J3285</p> <p><b>Renflexis®</b> Q5104</p> <p><b>Riabni®</b> Q5123</p> <p><b>Risperdal Consta®</b> J2794</p> <p><b>Rituxan®</b></p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		J9312
	Rituxan Hycela®	J9311
	Romidepsin (Istodax)	J9315
	Rybrevant®	J9061
	Rylaze™	J9021
	Ryplazim™	J2998
	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
	Tezspire™	J2356
	Therapeutic Radiopharmaceuticals****	A9606                      A9699
	Trazimera™	Q5116

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)	<b>Treanda®</b>		
	J9033		
	<b>Trelstar®</b>		
	J3315		
	<b>Tremfya®</b>		
	J1628		
	<b>Triptodur®</b>		
	J3316		
	<b>Trodelvy®</b>		
	J9317		
	<b>Trogarzo™</b>		
	J1746		
	<b>Truxima®</b>		
	Q5115		
	<b>Tysabri®</b>		
	J2323		
	<b>Tyvaso®</b>		
	J7686		
	<b>Unclassified codes**</b>		
	C9399	J3490	J3590
	<b>Uplizna®</b>		
	J1823		
	<b>Valstar®</b>		
	J9357		
	<b>Vantas™</b>		
	J9225		
	<b>Varubi®</b>		
	J2797		
	<b>Vectibix®</b>		
	J9303		
	<b>Ventavis®</b>		
	Q4074		
	<b>Viltepso™</b>		
	J1427		
<b>VPRIV®</b>			
J3385			
<b>Vyepti™</b>			
J3032			
<b>Vyondys 53®</b>			
J1429			
<b>Vyxeos®</b>			
J9153			
<b>White Blood Cell Colony Stimulating Factors***</b>			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J1442	J1447	J1448	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122		
		<b>Xembify<sup>®</sup></b>			
		J1558			
		<b>Xiaflex<sup>®</sup></b>			
		J0775			
		<b>Xolair<sup>®</sup></b>			
		J2357			
		<b>Xofigo<sup>®</sup></b>			
		A9606			
		<b>Yervoy<sup>®</sup></b>			
		J9228			
		<b>Yondelis<sup>®</sup></b>			
		J9352			
		<b>Zaltrap<sup>®</sup></b>			
		J9400			
		<b>Zarxio<sup>®</sup></b>			
		Q5101			
		<b>Zinplava<sup>®</sup></b>			
		J0565			
		<b>Zolgensma<sup>®</sup></b>			
		J3399			
	<b>Zyprexa Relprevv<sup>®</sup></b>				
	J2358				

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 and temporary codes C9085, C9086, C9399, J3490, J3590, J9999, prior authorization is only required for Fyarro, Invega Hafyera<sup>®</sup>, Lupaneta Pack<sup>™</sup>, Nexvazyme, Nulibry, Revatio, Saphnelo, Tivdak, Upravi<sup>®</sup>, and Vabysmo<sup>™</sup>

\*\*\* Codes J1442, J1447, J2506, J2820, Q5101, Q5108, Q5110, 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.

\*\*\*\* For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](http://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call **888-397-8129**

For non-oncology DX submit online at [UHCprovider.com](http://UHCprovider.com) > Prior



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Injectable medications (continued)</b>		Authorization and Notification tool or call <b>877-842-3210</b> .			
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<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> 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	

<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		

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>		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>Prostate procedures</b>	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
<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>	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
<b>Sleep studies</b>	No prior authorization is required for members age <b>21 and younger</b> .	95800	95801	95805	95806
		95807	95808	95810	95811
	Prior authorization is required for members age <b>21 and older</b> .				
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Spinal surgery (cont.)</b>		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				

<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>			
		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 Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocaptagene Maralucecel), Carvykti™ (ciltacaptagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucaptagene autoleucel) and Yescarta™ (axicaptagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at <b>888-936-7246</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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants (cont.)</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>					
		C9098	0537T	0538T	0539T
		0540T	J9999	Q2041	Q2042
		Q2053	Q2054	Q2055	
*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	37765
		37766	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			