

Prior Authorization Requirements for Kansas Medicaid

Effective October 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	11971	19316	19318	19325
Reconstruction of the breast except when following mastectomy		19328	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. *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	<p>Bio similar (Zarxio®) Q5101*</p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122*</p> <p>Pegfilgrastim (Neulasta®) J2506</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p>Trilaciclib (Cosela™) J1448*</p> <p><u>Bone-modifying agents that require prior authorization:</u> Denosumab (Xgeva®) J0897*</p> <p>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.</p>

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	Cyclophosphamide (AuroMedics) J9071
		Tisotumab vedotin-tftv J9273
		loncastuximab tesirine-lpyl J9359
		J9331 J9332

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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- 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

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Cochlear implants and other auditory implants A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	E0787	K0553	K0554
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cosmetic and reconstructive procedures (cont.)		55180	56625	56800	56805	
		57110	57335	58150	58180	
		58260	58262	58290	58291	
		58541	58542	58543	58544	
		58550	58552	58553	58554	
		58570	58571	58572	58573	
		58661	58720	58940	64856	
		64892	64896			
Durable medical equipment (DME)	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.	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	B4160	B9002	B9998		
Experimental and investigational (and/or	Prior authorization required	33477	36514	64722	65765	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
linked services)		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
		31276	31287	31288	
Genetic and molecular testing to include BRCA	Prior authorization required for genetic and molecular testing performed in an outpatient setting 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. 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.	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81162	81163	81164
		81165	81166	81167	81168
		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
		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		

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)		81334	81335	81336	81337
		81338	81339	81340	81341
		81342	81343	81344	81345
		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	
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
Injectable medications	Prior authorization required	Abilify Maintena® J0401 Actemra® J3262 Acthar® J0800 Adakveo® J0791 Adasuve® J2062 Adcetris® J9042 Aduhelm®			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)		J0172	
		Adynovate®	
		J7207	
		Akynzeo®	
		J1454	
		Aliqopa	
		J9057	
		Alprolix®	
		J7201	
		Amivantamab (Rybrevant)	
		J9999	
		Amondys 45	
		J1426	
		Anti-thymocyte globulin (Atgam®)	
		J7504	
		Aralast NP, Prolastin-C, Zemaira	
		J0256	
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Bevacizumab-awwb (Mvasi)	Q5107			
	Bicnu	J9050			
	Blincyto®	J9039			
	Bortezomib (Velcade)	J9041			
	Botulinum toxins				
		J0585	J0586	J0587	J0588
	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			
	Cutaquig®	J1551			
	Cyramza®	J9308			
	Darzalex®	J9145			
	Darzalex Faspro®	J9144			
	Dinutuximab (Unituxin)	J9999			
	Doxorubicin Doxil)	Q2050			
	Elaprase®				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		J1743
	Eluelyso®	
		J3060
	Elliotts B® solution	
		J9175
	Eloctate®	
		J7205
	Emend Fosaprepitant®	
		J1453
	Empliciti®	
		J9176
	Enbrel®	
		J1438
	Enhertu	
		J9358
	Erbitux	
		J9055
	Eribulin mesylate (Halaven)	
		J9179
	Evenity™	
		J3111
	Evkeeza	
		J1305
	Evomela	
		J9246
	Exondys 51™	
		J1428
	Fabrazyme®	
		J0180
	Fasentra™	
		J0517
	Firazyr®	
		J1744
	Flolan®	
		J1325
	Fluphenazine Decanoate®	
		J2680
	Gamifant®	
	J9210	
Gazyva®		
	J9301	
Givlaari®		
	J0223	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Glassia®				
	J0257				
	Glatiramer (Glatopa®, Copaxone®)				
	J1595				
	Glucarpidase (Voraxaze®)				
	J3590	C9293			
	Granix				
	J1447				
	Haloperidol Decanoate®				
	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					
Invega Sustenna®					
J2426					
Isatuximab-irfc (Sarclisa)					
J9227					
IVIG					
90283	J1459	J1555	J1556		
J1557	J1559	J1561	J1566		
J1568	J1569	J1572	J1575		
J1599					
Ixempra®					
J9207					
Jemperli					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)	J9272	Jevtana®	
	J9043	Jivi®	
	J7208	Kadcyla®	
	J9354	Kanjinti	
	Q5117	Keytruda®	
	J9271	Khapzory	
	J0642	Kyprolis®	
	J9047	Lartruvo®	
	J9285	Lemtrada®	
	J0202	Leukine®	
	J2820	Leuprolide Acetate	
	J9218	Loncastuximab tesirine (Zynlonta)	
	C9399	J9999	
	J2778	Lucentis®	
	J0221	Lumizyme®	
	J9313	Lumoxiti®	
	J9223	Lurbinectedin (Zepzelca)	
	A9513	Lutathera®	
	J3398	Luxturna™	
	J1726	Margetuximab-cmkb (Margenza)	
	J9353	Marqibo	
	J9371		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		Mesnex® J9209
		Mitomycin pyelocalyceal (Jelmyto) J9281
		Mogamulizumab-kpkc (Poteligeo) J9204
		Mozobil® J2562
		Naxitamab-gqgk (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™

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		J0606 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
		Releuko®
		Q5125
		Remicade®
		J1745
		Remodulin Treprostinil®
		J3285
		Renflexis®
		Q5104

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)	Riabni®	Q5123	
	Risperdal Consta®	J2794	
	Rituxan®	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™		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)		J2356		
	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™				
J3032				

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

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 > 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, Fylnetra®, Invega Hafyera®, Lupaneta Pack™, Nexvazyme, Nulibry, Revatio, Saphnelo, Tivdak, Upravi®, and Vabysmo™

*** 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 the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129			
Joint replacement 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		
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
21255	21296	21299			
Orthotics and prosthetics	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L0999	L1000	L1005	L1200
		L1300	L1310	L1499	L1680
		L1685	L1700	L1710	L1720
		L1730	L1755	L1820	L1832
		L1834	L1840	L1844	L1845
		L1846	L1860	L1945	L1950
		L1970	L2000	L2005	L2010
		L2020	L2030	L2034	L2036
		L2037	L2038	L2060	L2106
		L2108	L2126	L2136	L2350
		L2510	L2526	L2627	L2628
		L3230	L3265	L3649	L3671
		L3674	L3720	L3730	L3740
L3763	L3764	L3900	L3901		
L3904	L3905	L3961	L3971		
L3975	L3976	L3977	L3999		
L4000	L4010	L4020	L4631		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	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	
	L6695	L6696	L6697	L6704	
	L6707	L6708	L6709	L6711	
	L6712	L6713	L6714	L6715	
L6880	L6881	L6882	L6883		
L6884	L6885	L6895	L6900		
L6905	L6910	L6915	L6920		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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
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 required for members age 21 and younger .	95800	95801	95805	95806
		95807	95808	95810	95811
	Prior authorization is required for members age 21 and older .				
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220

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

Stimulators Implantation of a device that sends electrical impulses	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	

Transplants	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocaptagene Maralucel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), 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
		38212	38213	38214	38215
		38232*	38240	38241	38242

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (cont.)		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	S2060	S2061
		S2152			
		CAR-T Cell Therapy			
		C9098	0537T	0538T	0539T
		0540T	J9999	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			