

Prior Authorization Requirements for Kansas

Effective July 1, 2019

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Kansas for inpatient and outpatient services. To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.
- **Phone:** 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 Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847 95981	43645 43842 43848 95982	43659 43845 43860	43770 43846 95980
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
BRCA genetic testing	Prior authorization required	81162 81166 81432	81163 81212 81433	81164 81215	81165 81217
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
Cochlear implants and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
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	11971	15820	15821		
		15822	15823	15830	15847		
		15877	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	19304	20926	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		
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500	A9900	E0194	E0265	E0266		
		E0270	E0277	E0300	E0328		
		E0329	E0445	E0457	E0460		
		E0465	E0466	E0470	E0471		
		E0483	E0486	E0620	E0636		
		E0637	E0652	E0656	E0669		
		E0670	E0675	E0693	E0694		
		E0700	E0710	E0745	E0762		
		E0764	E0766	E0784	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			
		Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont'd)		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	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	55866	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
		31276	31287	31288	
Home health services	Prior authorization required only in outpatient settings, to include member's home	99600	99601	99602	G0156
		G0299	G0300	S0315	S0316
		S5181	S9128	S9129	S9131
	The following procedure codes require documentation of a face-to-face encounter within 90 days before the start of services	S9460	S9474	T1002	T1003
		T1004	T1021	T1023	T1030
		T1031	T1502		
Incontinence supplies	Prior authorization required only when: <ul style="list-style-type: none"> Billed by a home health agency Member is 21 years of age or older And diagnosis is R39.11, N39.498, F98.0, R15.9, F98.1, N39.42 or N39.45 The following procedure codes require documentation of a face-to-face encounter within 90 days before the start of services	T4521	T4522	T4523	T4524
		T4525	T4526	T4527	T4528
		T4529	T4530	T4531	T4532
		T4533	T4534	T4535	T4543
		T4544			
Injectable medications	Prior authorization required	Actemra®			
		J3262			
		Acthar®			
		J0800			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization					
Injectable medications (cont'd)		Adynovate[®]					
	J7207	Akynzeo[®]	J1454	Alprolix[®]	J7201		
	Arcalyst[®]	J2793	Avonex[®]	J1826	Q3027	Q3028	
	Betaseron[®]	J1830	Botulinum toxins	J0585	J0586	J0587	J0588
	Brineura[™]	J0567	Camptosar[®]	J9206	Cerezyme[®]	J1786	
	Cinqair[®]	J2786	Crysvita[®]	J0584	Elaprase[®]	J1743	
	Elelyso[®]	J3060	Eloctate[®]	J7205	Empliciti[®]	J9176	
	Enbrel[®]	J1438	Entyvio[®]	J3380	Exondys 51[™]	J1428	
	Fasenra[™]	J0517	Firazyr[®]	J1744	Flolan[®]	J1325	
	Glatiramer (Glatopa[®], Copaxone[®])	J1595					

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)	Granix				
		J1447			
	Herceptin[®]				
		J9355			
	Hydroxyprogesterone Caproate				
		J1729			
	Idelvion[®]				
		J7202			
	Ilaris[®]				
		J0638			
	Ilumya[™]				
		J3245			
	Imfinzi[®]				
		J9173			
	Inflectra[®]				
		Q5103			
	Intron[®] A				
		J9214			
	IVIG				
		90283	J1459	J1555	J1556
		J1557	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1599			
	Jetrea[®]				
		J7316			
	Kalbitor[®]				
		J1290			
	Kanuma[®]				
		J2840			
	Keytruda[®]				
		J9271			
Krystexxa[®]					
	J2507				
Lartruvo[®]					
	J9285				
Lemtrada[®]					
	J0202				
Leukine[®]					
	J2820				
Leuprolide Acetate					
	J9218				
Luxturna[™]					
	J3398				
Makena[®]					
	J1726				
Neulasta[®]					
	J2505				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (cont'd)		Neupogen[®]		
		J1442		
		Nplate[®]		
		J2796		
		Nucala[®]		
		J2182		
		Ocrevus[™]		
		J2350		
		Onivyde[®]		
		J9205		
		Onpattro[™]		
		C9036	J3490**	J3590**
		Opdivo[®]		
		J9299		
		Orencia[®]		
		J0129		
		Parsabiv[™]		
		J0606		
		Pegasys[®]		
		S0145		
		PegIntron[®]		
		S0148		
		Prialt[®]		
		J2278		
		Probuphine[®]		
		J0570		
		Provenge[®]		
		Q2043		
		Rebinyn[®]		
		J7203		
		Radicava[®]		
		J1301		
		Remicade[®]		
		J1745		
	Renflexis[®]			
	Q5104			
	Rituxan[®]			
	J9312			
	Rituxan Hycela[®]			
	J9311			
	Simponi Aria[®]			
	J1602			
	Soliris[®]			
	J1300			
	Spinraza[™]			
	J2326			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (cont'd)		Stelara[®] J3358
		Sublocade[™] Q9991 Q9992
		Supprelin[®] LA J9226
		Synagis^{®*} 90378
		Trelstar[®] J3315
		Tremfya[®] J1628
		Triptodur[®] J3316
		Trogarzo[™] J1746
		Unclassified codes** C9399 J3490 J3590
		Vantas[™] J9225
		Varubi[®] J2797
		Ventavis[®] Q4074
		VPRIV[®] J3385
		Xolair[®] J2357
		Xofigo[®] A9606
		Zarxio[®] Q5101
		<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>. Pre-determination 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 Synagis through OptumRx prior notifications services at 800-310-6826.</p>
		<p>** For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Gamifant and Onpatro.</p>

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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		L8659			
Personal care service	Prior authorization required	T1019			
PET scans	Not a covered benefit unless medically necessary and prior authorization obtained	78459	78491	78492	78608
		78609	78811	78812	78813
		78814	78815		
Private duty nursing	Prior authorization required	T1000			
Proton beam therapy	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
Rhinoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation					
		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 required for members 21 and younger	95805	95807	95808	95810
		95811			
	Prior authorization required for members 21 and older				
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22864
		22865	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63055	63056
		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
		63180	63182	63185	63190
		63191	63194	63195	63196
		63198	63199	63200	63250
		63251	63252	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont'd)		63307	63308		
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 Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 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		
Vein procedures	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37780
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			

