

Prior authorization requirements for Kansas Medicaid

Effective July 1, 2024

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 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.
- **Phone:** Call **866-604-3267**
- 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			
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. For applied behavior analysis (ABA) therapy, submit via fax or Provider Express			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Breast cancer (BRCA) genetic testing	Prior authorization required	81162	81163	81164	81165
		81166	81212	81432	81433
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	11971	19316	19318	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
Cancer supportive care	Prior authorization required	Injectable colony-stimulating factor drugs that require prior authorization:			
	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis. <i>*Codes J1442, J1447, J1448, J2506, J2820, J0897, Q5101, Q5108, Q5110, Q5120, Q5122, Q5125 will also require prior authorization for non-oncology diagnosis (DX). See the injectable medications section below.</i>	Bio similar (Zarxio®) Q5101*			
		Filgrastim (Neupogen®) J1442*			
		Filgrastim-aafi (Nivestym™) Q5110*			
		Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122*			
		Pegfilgrastim (Neulasta®) J2506			
		Pegfilgrastim-bmez (Ziextenzo®) Q5120			
		Pegfilgrastim-jmdb (Fulphila™) Q5108*			
		Sargramostim (Leukine®) J2820			
		Tbo-filgrastim (Granix®) J1447*			
		Trilaciclib (Cosela™) J1448*			
		Filgrastim-ayow (Releuko®) Q5125*			
		Bone-modifying agents that require prior authorization:			
Denosumab (Xgeva®) J0897*					
Antiemetic drugs J1456					
Colony Stimulating Factors J1449, Q5111					
Erythropoiesis-Stimulating Agents J0885					
For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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UnitedHealthcare Provider Portal. To access the tool, go to UHCprovider.com 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**.

Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231		
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		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	J1323 Q5129	J2277	J2425	J3055
		Injectable chemotherapy drugs that require prior authorization:			
		<ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code 			

Use the Prior Authorization and Notification tool on the

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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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	A9276	A9277	A9278
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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				

*Will NOT require prior authorization when billed with skin cancer diagnoses

These surgical codes with the following DX codes:

F64.0	F64.1	F64.2	F64.8
F64.9	Z87.890		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58150	58180
		58260	58262	58290	58291
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
		58661	58720	58940	64856
		64892	64896		
	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.	A4604	A4618	A7027
A7029			A7030	A7031	A7032
A7033			A7034	A7035	A7036
A7037			A7038	A7039	A7044
A7045			A7046	A9900	E0194
E0240			E0265	E0266	E0270
E0277			E0300	E0328	E0329
E0445			E0457	E0465	E0466
E0470			E0471	E0472	E0483
E0486			E0561	E0562	E0601
E0620			E0636	E0637	E0652
E0656			E0669	E0670	E0675
E0693			E0694	E0700	E0710
E0745			E0762	E0764	E0766
E0784			E0984	E0986	E1002
Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .		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
		E2298	E2301	E2310	E2311
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2510
		E2511	E2512	E2599	E2611
		E2612	E2613	E2614	E2615
		E2616	E2617	E2620	E2621
		E2626	E2627	E2628	E2629
		E2630	K0005	K0008	K0013
K0108	K0739	K0812	K0830		
K0831	K0848	K0849	K0850		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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	Prior authorization required	B4160	B9002	B9998	
In-home nutritional therapy, either enteral or through a gastrostomy tube					
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4638	A9274
		E0231	E1831	S0810	S9990
		S9991			
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic and molecular testing to include BRCA	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81162	81163	81164	81228
		81229	81277	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81412
		81420	81432	81433	81437
	Health care professionals 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	81438	81440	81443	81445
		81448	81460	81465	81507
		81518	81519	81520	81521
		81522	81546	81595	87505
		87506	87507		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	<p>genetic and molecular testing prior authorization/notification program for each specified genetic test.</p> <p>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.</p>				
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 visit within 90 days before the start of services.</p>	<p>97535 99383 99392 99600 G0152 G0300 S0315 S5135 S9131 T1002 T1019 T1031 T2040</p>	<p>97537 99384 99393 99601 G0153 H0004 S0316 S5190 S9460 T1003 T1021 T1502</p>	<p>99381 99385 99394 99602 G0156 H0045 S5125 S9128 T1000 T1004 T1023 T2025</p>	<p>99382 99391 99395 G0151 G0299 H2014 S5130 S9129 T1001 T1005 T1030 T2029</p>
Injectable medications	<p>Prior authorization required</p>	<p>Abilify Asimtufii J0402</p> <p>Abilify Maintena J0401</p> <p>Actemra J3262</p> <p>Acthar J0801</p> <p>Adakveo J0791</p> <p>Adasuve J2062</p> <p>Adcetris J9042</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
Injectable medications (cont.)	Aduhelm		
	J0172		
	Adynovate		
	J7207		
	Adzynma		
	J7171		
	Akynzeo		
	J1454		
	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		
	Azedra		
	A9590		
	Avonex		
	J1826	Q3027	Q3028
	Avsola		
	Q5121		
	Bavencio		
	J9023		
Belantamab mafodotin-blmf (Blenrep)			
J9037			
Belinostat (Beleodaq)			
J9032			
Bendeka			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)	J9034			
	Benlysta			
	J0490			
	Betaseron			
	J1830			
	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			
	Clofarabine (Clolar)			
	J9027			
	Cortrophin Gel			
	J0802			
	Cosentyx IV			
	J3247			
	Crysvita			
	J0584			
	Cutaquig			
	J1551			
	Cyramza			
	J9308			
	Darzalex			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J9145 Darzalex Faspro J9144
		Dinutuximab (Unituxin) J9999
		Doxorubicin Doxil) Q2050
		Elaprase J1743
		Elelyso J3060
		Elevidys J1413
		Elfabrio J2508
		Elliotts B solution J9175
		Eloctate J7205
		Empliciti J9176
		Enbrel J1438
		Enhertu J9358
		Enjaymo J1302
		Entyvio J3380
		Erbitux J9055
		Eribulin mesylate (Halaven) J9179
		Evenity J3111
		Evkeeza J1305
		Evomela J9246
		Exondys 51 J1428
		Fabrazyme

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
Injectable medications (cont.)		J0180	
	Fasenra		
		J0517	
	Firazyr		
		J1744	
	Flolan		
		J1325	
	Fluphenazine Decanoate		
		J2680	
	Fynetra		
		Q5130	
	Gamifant		
		J9210	
	Gazyva		
		J9301	
	Givlaari		
		J0223	
	Glassia		
		J0257	
	Glatiramer (Glatopa, Copaxone)		
		J1595	
	Glucarpidase (Voraxaze)		
		J3590	C9293
	Granix		
		J1447	
	Haloperidol Decanoate		
		J1631	
	Hemgenix		
	J1411		
Herceptin			
	J9355		
Herceptin Hylecta			
	J9356		
Herzuma			
	Q5113		
Idacio			
	Q5131		
Idelvion			
	J7202		
Ilaris			
	J0638		
Ilumya			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Injectable medications (cont.)	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		
	J1576	J1599				
	Ixempra					
	J9207					
	Jemperli					
	J9272					
	Jevtana					
	J9043					
	Jivi					
	J7208					
	Kadcyla					
	J9354					
	Kanjinti					
	Q5117					
Keytruda						
J9271						
Khapzory						
J0642						
Kyprolis						
J9047						
Lamzede						
J0217						
Lartruvo						
J9285						
Lemtrada						
J0202						

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
Injectable medications (cont.)	Leqembi	J0174	
	Leukine	J2820	
	Leuprolide Acetate	J9218	
	Loncastuximab tesirine (Zynlonta)	C9399	J9999
	Lucentis	J2778	
	Lumizyme	J0221	
	Lumoxiti	J9313	
	Lurbinectedin (Zepzelca)	J9223	
	Lutathera	A9513	
	Luxturna	J3398	
	Margetuximab-cmkb (Margenza)	J9353	
	Marqibo	J9371	
	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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
Injectable medications (cont.)		J2350	
	Octreotide (Sandostatin)	J2354	
		J2354	
	Ogivri	Q5114	
		Q5114	
	Olanzapine, Zyprexa		S0166
		S0166	
	Omacetaxine (Synribo)		J9262
		J9262	
	OmvoH		J2267
		J2267	
	Oncaspar		J9266
		J9266	
	Onivyde		J9205
		J9205	
	Onpattro		J0222
		J0222	
	Ontruzant		Q5112
		Q5112	
	Opdivo		J9299
		J9299	
	Opfolda		J1202
		J1202	
	Orencia		J0129
		J0129	
	Paclitaxel protein-bound (Abraxane)		J9264
		J9264	
	Parsabiv		J0606
		J0606	
	Pemetrexed (Alimta)		J9305
		J9305	
	Pemfexy		J9304
	J9304		
Pepaxton		J9247	
	J9247		
Perjeta		J9306	
	J9306		
Perseris		J2798	
	J2798		
Phesgo		J9316	
	J9316		
Porfimer sodium (Photofrin)			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	J9600	Portrazza
	J9295	Pralatrexate (Folotyn)
	J9307	Prialt
	J2278	Prolia Zgeva
	J0897	Provenge
	Q2043	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	Romidepsin (Istodax)
	J9315	Rybrevant
	J9061	Rykindo
	J2801	Rylaze
	J9021	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)	Ryplazim			
	J2998			
	Rystiggo			
	J9333			
	Sandostatin LAR			
	J2353			
	Simponi Aria			
	J1602			
	Skyrizi			
	J2327			
	Soliris			
	J1300			
	Spinraza			
	J2326			
	Spravato			
	S0013			
	Stelara			
	J3358			
	Sunlenca			
	J1961			
	Supprelin LA			
	J9226			
	Synagis*			
	90378			
	Tafasitamab-cxix (Monjuvi)			
	J9349			
	Tagraxofusp-erzs (Elzonris)			
	J9269			
	Tecentriq			
	J9022			
Tepezza				
J3241				
Tezspire				
J2356				
Therapeutic Radiopharmaceuticals				
A9606	A9607	A9699		
Trazimera				
Q5116				
Treanda				
J9033				
Trelstar				
J3315				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Injectable medications (cont.)	Tremfya					
	J1628					
	Triptodur					
		J3316				
		Trodelvy				
		J9317				
		Truxima				
		Q5115				
		Tysabri				
		J2323				
		Tyvaso				
		J7686				
		Tzield				
		J9381				
		Ultomiris				
		J1303				
		Unclassified codes**				
		C9149	C9399	J3490	J3590	
		Udenyca				
		Q5111				
		Uplizna				
		J1823				
		Uzedy				
		J2799				
		Valstar				
		J9357				
		Varubi				
		J2797				
		Vectibix				
		J9303				
		Ventavis				
		Q4074				
		Viltepso				
	J1427					
	VPRIV					
	J3385					
	Vyepti					
	J3032					
	Vyondys 53					
	J1429					
	Vyvgart Hytrulo					
	J9334					

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

J9153

White Blood Cell Colony Stimulating Factors

J1442	J1447	J1448	J2506
Q5101	Q5108	Q5110	Q5111
Q5120	Q5122		

Xembify

J1558

Xenpozyme

J0218

Xiaflex

J0775

Xolair

J2357

Xofigo

A9606

Yervoy

J9228

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, J9999, prior authorization is only required for Abilify Asimtufii, Briumvi, Fyarro, Invega Hafyera®, Nexvazyme, Nulibry, Pombiliti, Revatio, Saphnelo, Tegsedi, Tivdak, Upravi®, Uzedy, Vabysmo™, Voxzogo

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

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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Orthotics and prosthetics (cont.)	L3763	L3764	L3900	L3901
	L3904	L3905	L3961	L3971
	L3975	L3976	L3977	L3999
	L4000	L4010	L4020	L4631
	L5010	L5020	L5050	L5060
	L5100	L5105	L5150	L5160
	L5200	L5210	L5220	L5230
	L5250	L5270	L5280	L5301
	L5312	L5321	L5331	L5341
	L5400	L5420	L5460	L5500
	L5505	L5510	L5520	L5530
	L5535	L5540	L5560	L5570
	L5580	L5585	L5590	L5595
	L5600	L5610	L5613	L5614
	L5616	L5639	L5640	L5642
	L5643	L5644	L5646	L5647
	L5648	L5649	L5651	L5653
	L5661	L5673	L5682	L5683
	L5700	L5702	L5703	L5705
	L5706	L5716	L5718	L5722
	L5724	L5726	L5728	L5780
	L5790	L5795	L5811	L5812
	L5814	L5816	L5818	L5822
	L5824	L5826	L5828	L5830
	L5845	L5848	L5857	L5858
	L5930	L5950	L5960	L5961
	L5962	L5964	L5966	L5968
	L5973	L5976	L5979	L5980
	L5981	L5982	L5984	L5986
	L5987	L5988	L5990	L5999
	L6000	L6010	L6020	L6050
	L6055	L6100	L6110	L6120
	L6130	L6200	L6205	L6250
	L6300	L6310	L6320	L6350
	L6360	L6370	L6380	L6382
	L6384	L6400	L6450	L6500
	L6550	L6570	L6580	L6582
	L6584	L6586	L6588	L6590
	L6621	L6623	L6624	L6646
	L6648	L6686	L6687	L6689
	L6690	L6692	L6693	L6694
	L6695	L6696	L6697	L6704
	L6707	L6708	L6709	L6711

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		L6712	L6713	L6714	L6715
		L6880	L6881	L6882	L6883
		L6884	L6885	L6895	L6900
		L6905	L6910	L6915	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7405
		L8040	L8042	L8043	L8044
		L8045	L8046	L8047	L8499
		L8609	L8610	L8612	L8631
		L8659			
Personal care service	Prior authorization required	T1019			
Positron emission tomography (PET) scans	Not a covered benefit unless medically necessary and prior authorization is obtained	78459 78609 78814	78491 78811 78815	78492 78812	78608 78813
Private duty nursing	Prior authorization required	T1000			
Prostate procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
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 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries Maxillomandibular advancement	Prior authorization required	21685	41599	42145	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea

Sleep studies	No prior authorization is required for members ages 21 and younger	95800	95801	95805	95806
		95807	95808	95810	95811
	Prior authorization is required for members ages 21 and older				

Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	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
		63650	63655	63685	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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		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® (Lisocabtagene Maralucel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Lyfgenia® (lovotibeglogene autotemcel), 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
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	J3394	S2060
S2061	S2152		

CAR-T cell therapy

0537T	0538T	0539T	0540T
J9999	Q2041	Q2042	Q2053
Q2054	Q2055	Q2056	

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

Unclassified codes

J3490* J3590* C9399*

*For unclassified codes prior authorization is required for Casgevy, Omisirge

Vein procedures Removal of ablation of the main trunks and named branches of the saphenous veins for treating venous disease	Prior authorization required	36473	36475	36478	37700
		37718	37722	37765	37766
		37780			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
and varicose veins of the extremities					
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			