Prior authorization requirements for Kansas Medicaid

Effective September 1, 2025

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 **877-842-3210**
- To request prior authorization for the Pediatric Care Network (PCN), please call PCN at **833-802-6427**, 8 a.m.–5 p.m. CT, Monday–Friday.

Note: Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services, excluding emergent or urgent care.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 81166	81163 81212	81164 81432	81165
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600
Cancer supportive care	Prior authorization required 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, Q5120, Q5122, Q5125 will also require prior authorization for non-oncology diagnosis (DX). See the injectable medications section below.	**Injectable colony-stimulating factor drugs that require prior authorization:** **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			
		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	J2277	J2425	J3055
		Q5112	Q5129		

Injectable chemotherapy drugs that require prior authorization:

- Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)
- Chemotherapy injectable drugs that have a Q code
- Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code

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
		UnitedHealthcare Provider Portal. 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**.
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	E0787
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 14000 14001 14041 15734

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		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. Prosthetics are not DME – see *Orthotics and prosthetics.*	A4618	A7027	A7044	A7045
		A9900	E0194	E0265	E0266
		E0270	E0277	E0300	E0328
		E0329	E0445	E0457	E0465
		E0466	E0472	E0483	E0486
		E0561	E0620	E0636	E0637
		E0652	E0656	E0669	E0670
		E0675	E0693	E0694	E0700
		E0710	E0745	E0762	E0764
		E0766	E0784	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1030	E1035	E1036
		E1130	E1161	E1229	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1239
		E1399	E1825	E2100	E2227
		E2228	E2298	E2301	E2310
		E2311	E2322	E2325	E2327
		E2329	E2331	E2351	E2373
		E2500	E2502	E2504	E2506
		E2508	E2510	E2511	E2512
		E2599	E2611	E2612	E2613
		E2614	E2615	E2616	E2617
		E2620	E2621	E2626	E2627
		E2628	E2629	E2630	K0005
		K0008	K0013	K0108	K0812
		K0830	K0831	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		K0885 S1040	K0886 T1999	K0890 V2786	K0891
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 65767 E1831	36514 66180 S0810	64722 A4638 S9990	65765 E0231 S9991
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic and molecular testing to include BRCA	Prior authorization required for genetic and molecular testing performed in an outpatient setting 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 genetic and molecular testing prior authorization/notification program for each specified genetic test.	81162 81229 81402 81406 81432 81445 81518 81522 87507	81163 81277 81403 81407 81437 81448 81519 81546	81164 81400 81404 81408 81440 81460 81520 81595	81228 81401 81405 81412 81443 81465 81521 87505

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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.				
Home health services	Prior authorization is required only in outpatient settings, to include member's home. The following procedure codes require documentation of a face-to-face visit within 90 days before the start of services.	97535 99383 99392 99600 G0152 G0300 S0315 S5135 S9131 T1002 T1019 T1031 T2040	97537 99384 99393 99601 G0153 H0004 S0316 S5190 S9460 T1003 T1021 T1502	99381 99385 99394 99602 G0156 H0045 S5125 S9128 T1000 T1004 T1023 T2025	99382 99391 99395 G0151 G0299 H2014 S5130 S9129 T1001 T1005 T1030 T2029
Injectable medications	Prior authorization required	**Abilify Asimtufii** J0402 **Abilify Maintena** J0401 **Actemra** J3262 **Acthar** J0801 **Adakveo** J0791 **Adasuve** J2062 **Adcetris** J9042 **Aduhelm** J0172 **Adynovate** J7207 **Adzynma**			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		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 **Ascenic** J1554 **Avonex** J1826 Q3027 Q3028 **Avsola** Q5121 **Bavencio** J9023 **Belantamab mafodotin-blmf (Blenrep)** J9037 **Belinostat (Beleodaq)** J9032 **Bendeka** J9034 **Benlysta** J0490 **Beqvez**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J1414 **Betaseron** J1830 **Bevacizumab-awwb (Mvasi)** Q5107 **Bicnu** J9050 **Blincyto** J9039 **Bortezomib (Velcade)** J9041 **Botulinum toxins** J0585 J0586 J0587 J0588 **Brineura** J0567 **Calaspargase pegol-mknl (Asparlas)** J9118 **Camptosar** J9206 **Cemiplimab-rwlc (Libtayo)** J9119 **Cerezyme** J1786 **Chlorpromazine** J3230 **Cimzia*** J0717 **Cinqair** J2786 **Clofarabine (Clolar)** J9027 **Cortrophin Gel** J0802 **Cosentyx IV** J3247 **Crysvita** J0584 **Cutaquig** J1551 **Cyramza** J9308 **Darzalex** J9145

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Darzalex Faspro** J9144 **Daxxify** J0589 **Dinutuximab (Unituxin)** J9999 **Doxorubicin Doxil)** Q2050 **Elaprase** J1743 **Elelyso** J3060 **Elevidys** J1413 **Elfabrio** J2508 **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** J0180 **Fasenra** J0517

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Firazyr** J1744 **Flolan** J1325 **Fluphenazine Decanoate** J2680 **Fylnetra** Q5130 **Gamifant** J9210 **Gazyva** J9301 **Givlaari** J0223 **Glassia** J0257 **Glatiramer (Glatopa, Copaxone)** J1595 **Glucarpidase (Voraxaze)** J3590 C9293 **Granix** J1447 **Haloperidol Decanoate** J1631 **Hemgenix** J1411 **Hemlibra** J7170 **Herceptin** J9355 **Herceptin Hylecta** J9356 **Herzuma** Q5113 **Hyqvia** J1575 **Hympavzi** J7172 **Idacio** Q5131 **Idelvion** J7202

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Ilaris** J0638 **Ilumya** J3245 **Imfinzi** J9173 **Inflectra** Q5103 **Infugem** J9198 **Inotuzumab ozogamicin (Besponsa)** J9229 **Invega Sustenna** J2426 **Isatuximab-irfc (Sarclisa)** J9227 **IVIG** 90283 J1459 J1552 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1576 J1599 **Ixempra** J9207 **Jemperli** J9272 **Jevtana** J9043 **Jivi** J7208 **Jubbonti** Q5136 **Kadcyla** J9354 **Kanjinti** Q5117 **Keytruda** J9271 **Khapzory** J0642 **Kisunla** J0175 **Kyprolis**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J9047 **Lamzede** J0217 **Lartruvo** J9285 **Lemtrada** J0202 **Leqembi** J0174 **Leukine** J2820 **Leuprolide Acetate** J9218 **Loncastuximab tesirine (Zynlonta)** C9399 J9999 **Lucentis** J2778 **Lumizyme** J0221 **Lumoxiti** J9313 **Lurbinectedin (Zepzelca)** J9223 **Luxturna** J3398 **Margetuximab-cmkb (Margenza)** J9353 **Mesnex** J9209 **Mitomycin pyelocalyceal (Jelmyto)** J9281 **Mogamulizumab-kpkc (Poteligeo)** J9204 **Mozobil** J2562 **Naxitamab-gqgk (Danyelza)** J9348 **Neulasta** J2506 **Neupogen** J1442 **Niktimvo** J9038

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Nplate** J2802 **Nucala** J2182 **Nypozi** Q5148 **Ocrevus** J2350 **Ocrevus Zunovo** J2351 **Octreotide (Sandostatin)** J2354 **Ogivri** Q5114 **Olanzapine, Zyprexxa** S0166 **Omacetaxine (Synribo)** J9262 **Omvoh** J2267 **Oncaspar** J9266 **Onivyde** J9205 **Onpattro** J0222 **Opdivo** J9299 **Opfolda** J1202 **Orencia** J0129 **Otulfi IV** Q9999 **Oxlumo** J0224 **Paclitaxel protein-bound (Abraxane)** J9264 **Parsabiv** J0606 **Pemetrexed (Alimta)** J9305 **Pemfexy**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J9304 **Pepaxton** J9247 **Perjeta** J9306 **Perseris** J2798 **Phesgo** J9316 **Porfimer sodium (Photofrin)** J9600 **Portrazza** J9295 **Pralatrexate (Folotyn)** J9307 **Prialt** J2278 **Prolia Zgeva** J0897 **Provenge** Q2043 **Pyzchiva IV** Q9997 **Rebinyn** J7203 **Rasburicase (Elitek)** J2783 **Reblozyl** J0896 **Releuko** Q5125 **Remicade** J1745 **Remodulin Treprostinil** J3285 **Renflexis** Q5104 **Riabni** Q5123 **Risperdal Consta** J2794 **Rituxan** J9312

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Rituxan Hycela** J9311 **Roctavian** J1412 **Romidepsin (Istodax)** J9315 **Rybrevant** J9061 **Rykindo** J2801 **Rylaze** J9021 **Ryplazim** J2998 **Rystiggo** J9333 **Sandostatin LAR** J2353 **Selarsdi** Q9998 **Simponi Aria** J1602 **Skyrizi** J2327 **Soliris** J1299 **Spinraza** J2326 **Spravato** S0013 **Stelara** J3358 **Steqeyma IV** Q5099 **Sunlenca** J1961 **Supprelin LA** J9226 **Synagis*** 90378 **Tafasitamab-cxix (Monjuvi)** J9349

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Tagraxofusp-erzs (Elzonris)** J9269 **Tecelra** Q2057 **Tecentriq** J9022 **Tepezza** J3241 **Tezspire** J2356 **Therapeutic Radiopharmaceuticals** A9606 A9607 A9699 **Tofidence** Q5133 **Trazimera** Q5116 **Treanda** J9033 **Trelstar** J3315 **Tremfya** J1628 **Triptodur** J3316 **Trodelvy** J9317 **Truxima** Q5115 **Tyenne** Q5135 **Tysabri** J2323 **Tyvaso** J7686 **Tzield** J9381 **Ultomiris** J1303 **Unclassified codes**** C9149 C9172 C9399 J3490 J3590 **Udenyca** Q5111

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Uplizna J1823 **Uzedy** J2799 **Valstar** J9357 **Varubi** J2797 **Vectibix** J9303 **Ventavis** Q4074 **Veopoz** J9376 **Viltepso** J1427 **VPRIV** J3385 **Vyepti** J3032 **Vyjuvek** J3401 **Vyondys 53** J1429 **Vyvgart Hytrulo** J9334 **Vyxeos** J9153 **White Blood Cell Colony Stimulating Factors** J1442 J1447 J1448 J2506 Q5101 Q5108 Q5110 Q5111 Q5120 Q5122 **Xembify** J1558 **Xenpozyme** J0218 **Xiaflex** J0775 **Xolair** J2357 **Xofigo** A9606 **Yervoy** J9228

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Yesintek IV Q5100 **Yondelis** J9352 **Zaltrap** J9400 **Zarxio** Q5101 **Zolgensma** J3399 **Zynteglo** J3393 **Zyprexa Relprevv** J2358 Please check our **Review at Launch for New to Market Medications – Community Plan Medical Benefit Drug Policy** for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our **Review at Launch for New to Market Medications – Community Plan Medical Benefit Drug Policy**. Predetermination is highly recommended for the drugs on the list. The **Review at Launch for New to Market Medications – Community Plan Medical Benefit Drug Policy** is available at **Community Plan Medical & Drug Policies and Coverage Determination Guidelines**. * Please obtain prior notification for Cimzia and Synagis through OptumRx prior notification services at **800-310-6826.** ** For unclassified and temporary codes C9172, C9399, J3490, J3590, prior authorization is only required for Abilify Asimtufii, Briumvi, Fyarro, Invega Hafyera, Nexviazyme, Nulibry, Pombiliti, Revatio, Saphnelo, Tegsedi, Tivdak, Uptravi, Uzedy, Vabysmo, Voxzogo, Xifyrm *** 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/	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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
		L8659			
Personal care service	Prior authorization required	T1019			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Sleep studies	Prior authorization required	95800 95807	95801 95808	95805 95810	95806 95811
Spinal surgery	Prior authorization required	22100 22112 22210 22224 22513 22533	22101 22114 22212 22510 22514 22548	22102 22206 22214 22511 22515 22551	22110 22207 22220 22512 22532 22554

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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
		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, Breyanzi, Carvykti, Kymriah, Lenmeldy, Lyfgenia, Tecartus and Yescarta, 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
		38240	38241	38242	44132
		44133	44135	44136	44137
		44715	44720	44721	47133
		47135	47140	47141	47142
		47143	47144	47145	47146
		47147	48551	48552	48554

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		50300	50320	50323	50325
		50340	50360	50365	50370
		50547	38232*	J3391	J3394
		S2060	S2061	S2152	
		CAR-T cell therapy			
		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 and varicose veins of the extremities	Prior authorization required	36473	36475	36478	37700
		37718	37722	37765	37766
		37780			
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required VAD device and supplies are not covered.	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**			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			