

Prior authorization requirements for Kansas Medicaid

Effective October 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	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 applied behavior analysis (ABA) therapy, submit via fax or Provider Express			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast cancer (BRCA) genetic testing	Prior authorization required	81162	81163	81164	81165
		81166	81212	81432	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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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:
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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	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			
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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	E0787			
Cosmetic and reconstructive procedures	Prior authorization required	11960	14020*	14021*	14060
		14061*	14301	15820	15821
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		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
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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.	A4618	A7027	A7044	A7045
		A9900	E0194	E0265	E0266
		E0270	E0277	E0300	E0328
		E0329	E0445	E0457	E0465
		E0466	E0472	E0483	E0486
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	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	81162 81229 81401 81405 81410 81414 81425 81432 81440 81448 81455 81460 81465 81520 81541 81595 0018U 0037U 0055U 0101U 0114U 0170U 0211U	81163 81277 81402 81406 81411 81415 81426 81435 81441 81449 81457 81462 81471 81521 81542 81599 0022U 0047U 0087U 0102U 0118U 0171U 0212U	81164 81349 81403 81407 81412 81416 81427 81437 81443 81450 81458 81463 81518 81522 81546 87505 0023U 0048U 0088U 0103U 0129U 0179U 0213U	81228 81400 81404 81408 81413 81417 81431 81439 81445 81451 81459 81464 81519 81523 81552 87507 0026U 0050U 0094U 0111U 0154U 0209U 0214U

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include BRCA (cont.)	DNA sequencing is performed. The ordering health care professional must notify the laboratory conducting the test, and the laboratory will notify UnitedHealthcare.	0215U	0216U	0217U	0218U
		0233U	0237U	0238U	0239U
		0242U	0244U	0245U	0250U
		0258U	0265U	0268U	0269U
		0270U	0271U	0272U	0273U
		0274U	0276U	0277U	0278U
		0282U	0285U	0286U	0288U
		0289U	0290U	0291U	0292U
		0293U	0294U	0306U	0307U
		0318U	0319U	0320U	0326U
		0334U	0355U	0364U	0378U
		0379U	0388U	0389U	0391U
		0395U	0398U	0409U	0425U
		0426U	0437U	0444U	0449U
		0465U	0471U	0473U	0474U
		0475U	S3854	S3865	S3870
Home health services	Prior authorization is required only in outpatient settings, to include member's home.	97535	97537	99381	99382
		99383	99384	99385	99391
		99392	99393	99394	99395
		99600	99601	99602	G0151
		G0152	G0153	G0156	G0299
	The following procedure codes require documentation of a face-to-face visit within 90 days before the start of services.	G0300	H0004	H0045	H2014
		S0315	S0316	S5125	S5130
		S5135	S5190	S9128	S9129
		S9131	S9460	T1000	T1001
		T1002	T1003	T1004	T1005
		T1019	T1021	T1023	T1030
		T1031	T1502	T2025	T2029
		T2040			
Injectable medications	Prior authorization required	Abilify Asimtufii			
		J0402			
		Abilify Maintena			
		J0401			
		Actemra			
		J3262			
		Acthar			
		J0801			
		Adakveo			
		J0791			
		Adasuve			
		J2062			
		Adcetris			
		J9042			
		Aduhelm			
		J0172			

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Benlysta				
	J0490				
	Beqvez				
	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				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J9308
	Darzalex	
		J9145
	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	

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
	Hemlibra	
		J7170
	Herceptin	
		J9355
	Herceptin Hylecta	
		J9356
	Herzuma	
		Q5113
	Hyqvia	
		J1575
	Hypovavzi	
		J7172
	Idacio	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Q5131			
		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	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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	Kisunla	J0175
	Kyprolis	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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J1442
		Niktimvo
		J9038
		Nplate
		J2802
		Nucala
		J2182
		Nulibry
		J1809
		Nypozi
		Q5148
		Ocrevus
		J2350
		Ocrevus Zunovo
		J2351
		Octreotide (Sandostatin)
		J2354
		Ogivri
		Q5114
		Olanzapine, Zyprexa
		S0166
		Omacetaxine (Synribo)
		J9262
		OmvoH
		J2267
		Oncaspar
		J9266
		Onivyde
		J9205
		Onpattro
		J0222
		Opdivo
		J9299
		Opfolda
		J1202
		Orencia
		J0129
		Otulf IV
		Q9999
		Oxlumo
		J0224
		Paclitaxel protein-bound (Abraxane)
		J9264

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Parsabiv
		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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Q5123
		Risperdal Consta
		J2794
		Rituxan
		J9312
		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
		Stoboclo
		Q5157
		Sunlenca
		J1961

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	Supprelin LA	
	J9226	
	Synagis*	
	90378	
	Tafasitamab-cxix (Monjuvi)	
	J9349	
	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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Ultomiris				
	J1303				
	Unclassified codes**				
	C9149	C9172	C9399	J3490	
	J3590				
	Udenyca				
	Q5111				
	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				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J0775 Xolair J2357 Xofigo A9606 Yervoy J9228 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, 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	Prior authorization required	23470 24360 24370	23472 24361 24371	23473 24362 27120	23474 24363 27125

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
replacement procedures		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330		
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		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
		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500
		L5505	L5510	L5520	L5530
		L5535	L5540	L5560	L5570
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
		L5648	L5649	L5651	L5653
		L5661	L5673	L5682	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5790	L5795	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
		L5845	L5848	L5857	L5858
		L5930	L5950	L5960	L5961
		L5962	L5964	L5966	L5968
		L5973	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L5990	L5999
		L6000	L6010	L6020	L6050
		L6055	L6100	L6110	L6120
		L6130	L6200	L6205	L6250
		L6300	L6310	L6320	L6350
		L6360	L6370	L6380	L6382
		L6384	L6400	L6450	L6500
		L6550	L6570	L6580	L6582
		L6584	L6586	L6588	L6590
		L6621	L6623	L6624	L6646
		L6648	L6686	L6687	L6689
		L6690	L6692	L6693	L6694
		L6695	L6696	L6697	L6704
		L6707	L6708	L6709	L6711
		L6712	L6713	L6714	L6715
		L6880	L6881	L6882	L6883
		L6884	L6885	L6895	L6900
		L6905	L6910	L6915	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045

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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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
		50300	50320	50323	50325
		50340	50360	50365	50370
		50547	38232*	J3391	J3394
		J3402	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	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			
	VAD device and supplies are not covered.	33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Wound vac	Prior authorization required	E2402
