

Prior authorization requirements for Kansas Medicaid

Effective November 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	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
Bariatric surgery and specific obesity-related services		43847	43848	43860	
Bone growth stimulator Electronic	Prior authorization required	20975	20979		

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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J1456
Colony Stimulating Factors
J1449, Q5111
Erythropoiesis-Stimulating Agents
J0885

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Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231	93580	
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		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	J1323 Q5112	J2277 Q5129	J2425	J3055

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis

- 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

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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 L8619	69714 L8690	69930 L8691	L8614 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	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
significantly improving or restoring physiological function		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
		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
		E0561	E0620	E0636	E0637
		E0652	E0656	E0669	E0670
		E0675	E0693	E0694	E0700
		E0710	E0745	E0762	E0764
		E0766	E0784	E0984	E0986
	Prosthetics are not DME – see Orthotics and prosthetics.	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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
		K0885	K0886	K0890	K0891
		S1040	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 65767 E0231 S9991	36514 66180 E1831	64722 A4226 S0810	65765 A4638 S9990
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	81163 81277 81402 81406 81411	81164 81349 81403 81407 81412	81228 81400 81404 81408 81413
	Health care professionals	81414 81425	81415 81426	81416 81427	81417 81431

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include BRCA (cont.)	requesting laboratory testing will be	81432	81435	81437	81439
	required to complete	81440	81441	81443	81445
	the prior	81448	81449	81450	81451
	authorization/notific	81455	81457	81458	81459
	ation process, which	81460	81462	81463	81464
	includes indicating	81465	81471	81518	81519
	the laboratory and	81520	81521	81522	81523
	test name. Payment	81541	81542	81546	81552
	will be authorized for	81595	81599	87505	87507
	those CPT codes	0018U	0022U	0023U	0026U
	registered with the	0037U	0047U	0048U	0050U
	genetic and	0055U	0087U	0088U	0094U
	molecular testing	0101U	0102U	0103U	0111U
	prior	0114U	0118U	0129U	0154U
	authorization/notific	0170U	0171U	0179U	0209U
	ation program for	0211U	0212U	0213U	0214U
	each specified genetic	0215U	0216U	0217U	0218U
	test.	0233U	0237U	0238U	0239U
	Notification/prior	0242U	0244U	0245U	0250U
	authorization	0258U	0265U	0268U	0269U
	required for BRCA	0270U	0271U	0272U	0273U
	testing before DNA	0274U	0276U	0277U	0278U
	sequencing is	0282U	0285U	0286U	0288U
	performed. The	0289U	0290U	0291U	0292U
	ordering health care	0293U	0294U	0306U	0307U
	professional must	0318U	0319U	0320U	0326U
	notify the laboratory	0334U	0355U	0364U	0378U
	conducting the test,	0379U	0388U	0389U	0391U
	and the laboratory	0395U	0398U	0409U	0425U
	will notify	0426U	0437U	0444U	0449U
	UnitedHealthcare.	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	Prior authorization	Abilify Asimtufii			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
medications	required	J0402 Abilify Maintena J0401 Actemra J3262 Acthar J0801 Adakveo J0791 Adasuve J2062 Adcetris J9042 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)	Ascenic			
	J1554			
	Avonex			
	J1826	Q3027	Q3028	
	Avsola			
	Q5121			
	Bavencio			
	J9023			
	Belantamab mafodotin-blmf (Blenrep)			
	J9037			
	Belinostat (Beleodaq)			
	J9032			
	Bendeka			
	J9034			
	Benlysta			
	J0490			
	Beqvez			
	J1414			
	Betaseron			
	J1830			
	Bevacizumab-awwb (Mvasi)			
	Q5107			
	Bicnu			
	J9050			
	Blinicyto			
	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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Cimzia*
		J0717
		Cinqair
		J2786
		Clofarabine (Clolar)
		J9027
		Cortrophin Gel
		J0802
		Cosentyx IV
		J3247
		Crysvita
		J0584
		Cutaquig
		J1551
		Cyramza
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	Entyvio	
	J3380	
	Erbitux	
	J9055	
	Eribulin mesylate (Halaven)	
	J9179	
	Evenity	
	J3111	
	Evkeeza	
	J1305	
	Evomela	
	J9246	
	Exondys 51	
	J1428	
	Fabrazyme	
	J0180	
	Fasenra	
	J0517	
	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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Hemgenix				
	J1411				
	Hemlibra				
	J7170				
	Herceptin				
	J9355				
	Herceptin Hylecta				
	J9356				
	Herzuma				
	Q5113				
	Hyqvia				
	J1575				
	Hympavzi				
	J7172				
	Idacio				
	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				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J9272
		Jevtana
		J9043
		Jivi
		J7208
		Jubbonti
		Q5136
		Kadcyla
		J9354
		Kanjinti
		Q5117
		Keytruda
		J9271
		Khapzory
		J0642
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		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
		Nplate
		J2802
		Nucala
		J2182
		Nulibry
		J1809
		Nypozi
		Q5148
		Ocrevus
		J2350
		Ocrevus Zunovo
		J2351
		Octreotide (Sandostatin)
		J2354
		Ogivri
		Q5114
		Olanzapine, Zyprexa
		S0166
		Omacetaxine (Synribo)
		J9262
		Omvox
		J2267
		Oncaspar
		J9266
		Onivyde

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J9205
		Onpattro
		J0222
		Opdivo
		J9299
		Opfolda
		J1202
		Orencia
		J0129
		Otufi IV
		Q9999
		Oxlumo
		J0224
		Paclitaxel protein-bound (Abraxane)
		J9264
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		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
		Ryplazim
		J2998
		Rystiggo
		J9333
		Sandostatin LAR
		J2353
		Selarsdi
		Q9998
		Simponi Aria
		J1602
		Skyrizi

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)		J2327		
		Soliris		
		J1299		
		Spinraza		
		J2326		
		Spravato		
		S0013		
		Stelara		
		J3358		
		Stequeyma IV		
		Q5099		
		Stoboclo		
		Q5157		
		Sunlenca		
		J1961		
		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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
	J1628 Tryptodur J3316 Trodelvy J9317 Truxima Q5115 Tyenne Q5135 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 Veopoz J9376 Viltepso J1427 VPRIV J3385 Vyepti J3032 Vyjuvek J3401			

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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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, prior authorization is only required for Abilify Asimtufii, Briumvi, Fyarro, Invega Hafyera, Nexvazyme, Pombiliti, Revatio, Saphnelo, Tegsedi, Tivdak, Upravi, 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/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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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			
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	Prior authorization required	77520	77522	77523	77525

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
positive charge					
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	95782
		95783			
Sleep studies	Prior authorization required	95800	95801	95805	95806
		95807	95808	95810	95811
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

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

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