Prior authorization requirements for Kansas Medicaid

Effective September 1, 2026

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 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	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 81163 81164 81165 81166 81212 81432
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 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: J0897* J1434 J1442* J1447* J1448* J2468 J2506 J2820 Q5101* Q5108* Q5110* Q5120 Q5122* Q5125* Q5136 Q5157 Q5158 Q5159 Antiemetic drugs J1456 Colony Stimulating Factors J1449 Q5111 Q5148 Erythropoiesis Stimulating Agents J0885 For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the 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.

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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960 14061* 15822 15877 17107 21138 21179 21183 21256 21295 28344 67900 67904 67911 67916 67923 67966 *Will NOT require prior authorization when billed with skin cancer diagnoses These surgical codes with the following DX codes: F64.0 F64.9 14000 15738	14020* 14301 15823 15878 17108 21139 21180 21184 21275 21740 30620 67901 67906 67912 67917 67924 Q2026 F64.1 Z87.890 14001 15750	14021* 15820 15830 15879 17999 21172 21181 21230 21280 21742 55970 67902 67908 67914 67921 67950 F64.2 14041 15757	14060 15821 15847 17106 21137 21175 21182 21235 21282 21743 55980 67903 67909 67915 67922 67961 F64.8 15734 15758

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		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
		K0885	K0886	K0890	K0891

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		S1040	T1999	V2786	
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002	B9998*		
		*No Prior Authorization Required for B9998 with U7 and U8 Modifier			
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4226	A4638
		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 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	81162	81163	81164	81228
		81229	81277	81349	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81410	81411	81412	81413
		81414	81415	81416	81417
		81425	81426	81427	81431
		81432	81435	81437	81439
		81440	81441	81443	81445
		81448	81449	81450	81451
		81455	81457	81458	81459
		81460	81462	81463	81464
		81465	81471	81479	81518
		81519	81520	81521	81522
		81523	81541	81542	81546
		81552	81558	81595	81599
		87505	0018U	0022U	0023U
		0026U	0037U	0047U	0048U
		0050U	0055U	0087U	0088U
		0094U	0101U	0102U	0103U
		0111U	0114U	0118U	0129U
		0154U	0170U	0171U	0179U
		0209U	0211U	0212U	0213U

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include BRCA (cont.)	test. 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.	0214U	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	0478U	0480U
		0481U	0483U	0484U	0485U
		0487U	0493U	0499U	0500U
		0502U	0504U	0505U	0506U
		0523U	0529U	0530U	0536U
		0538U	0539U	0540U	0543U
		0544U	0552U	0554U	0562U
		0567U	0571U	S3854	S3865
		S3870			
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	97537	99381	99382
		99383	99384	99385	99391
		99392	99393	99394	99395
		99600	99601	99602	G0151
		G0152	G0153	G0156	G0299
		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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Adakveo J0791 Adasuve J2062 Adcetris J9042 Aduhelm J0172 Adynovate J7207 Adzynma J7171 Akynzeo J1454 Alhemo J7173 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Q5121 Avtozma Q5156 Bavencio J9023 Belantamab mafodotin-blmf (Blenrep) J9037 Belinostat (Beleodaq) J9032 Bendeka J9034 Benlysta J0490 Beqvez J1414 Betaseron J1830 Bevacizumab-awwb (Mvasi) Q5107 Bicnu J9050 Bkemv Q5152 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*

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J0717 Cinqair J2786 Cinryze J0598 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 Encelto J3403 Enhertu

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J9358 Enjaymo J1302 Entyvio J3380 Epysqli Q5151 Erbitux J9055 Eribulin mesylate (Halaven) J9179 Erzofri J2428 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)

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J1595 Glucarpidase (Voraxaze) J3590 C9293 Granix J1447 Haloperidol Decanoate J1631 Hemgenix J1411 Hemlibra J7170 Herceptin J9355 Herceptin Hylecta J9356 Herzuma Q5113 Hyalgan, Supartz, Visco-3 J7321 Hyqvia J1575 Hymovis, Hymovis One J7322 Hympavzi J7172 Idacio Q5131 Idelvion J7202 Ilaris J0638 Ilumya J3245 Imaavy J9256 Imfinzi J9173 Imuldosa IV Q5098 Inflectra Q5103 Infugem J9198

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		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 J9047 Lamzede J0217 Lartruvo J9285 Lemtrada J0202 Leqembi J0174 Leukine

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		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 Nplate J2802 Nucala J2182 Nulibry J1809 Nypozi Q5148 Ocrevus J2350

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		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 Osvyrti Q5166 Otulfi IV Q9999 Oxlumo J0224 Paclitaxel protein-bound (Abraxane) J9264 Parsabiv J0606 Papzimeos J3404 Pemetrexed (Alimta) J9305 Pemfexy J9304 Pepaxton J9247 Perjeta

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J9306 Perseris J2798 Phesgo J9316 Porfimer sodium (Photofrin) J9600 Portrazza J9295 Pralatrexate (Folotyn) J9307 Prialt J2278 Prolia Zgeva J0897 Provenge Q2043 Pyzchiva IV Q9997 Qfitlia J7174 Qivigy J1577 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 J0013 Stelara J3358 Steqeyma IV Q5099 Stoboclo Q5157 Sunlenca J1961 Supprelin LA J9226 Synagis* 90378 Tafasitamab-cxix (Monjuvi)

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J9349			
		Tagraxofusp-erzs (Elzonris)			
		J9269			
		Tecelra			
		Q2057			
		Tecentriq			
		J9022			
		Tepezza			
		J3241			
		Tezspire			
		J2356			
		Therapeutic Radiopharmaceuticals			
		A9606	A9607	A9615	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	C9399	J3490	J3590

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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			
		J0775			
		Xifyrm			
		J1737			
		Xolair			
		J2357			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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 C9399, J3490, J3590, prior authorization is only required for Briumvi, Fyarro, Invega Hafyera, Kebildi, Nexviazyme, Pombiliti, Revatio, Saphnelo, Tegsedi, Tivdak, Uptravi, Uzedy, Vabysmo, Voxzogo *** 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	Prior authorization required	23470 24360 24370 27130 27138	23472 24361 24371 27132 27412	23473 24362 27120 27134 27446	23474 24363 27125 27137 27447

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5535	L5540	L5560	L5570
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
		L5648	L5649	L5651	L5653
		L5657	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	L6034	L6035	L6036
		L6038	L6039	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 95783	41599	42145	95782

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Sleep studies	Prior authorization required	95800	95801	95805	95806
		95807	95808	95810	95811
Spinal surgery	Prior authorization required	0656T	0657T	0790T	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	22836	22837
		22838	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 Waskyra, Yescarta and Zevaskyn please call the UnitedHealthcare			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		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* J3386 J3389 J3391 J3394 J3402 S2060 S2061 S2152 **CAR-T cell therapy** J9999 Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 Q2058** *Code 38232 will only require prior authorization for an oncology diagnosis. **Prior authorization effective 12/22/2025 for Aucatzyl **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	Prior authorization required	36473 36475 36478 37700 37718 37722 37765 37766 37780

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
extremities					
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. 33927 33976 33983	33928 33979 Q0507	33929 33981 Q0508	33975 33982 Q0509
Wound vac	Prior authorization required	E2402			

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