

Advance Notification Requirements for Kansas Effective June 1, 2015



Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Bariatric Surgery Inpatient and outpatient bariatric surgery and obesity-related services		43644 43659 43773 43843 43848 43882 64590	43645 43770 43774 43845 43860 43886 95980	43647 43771 43775 43846 43865 43887 95981	43648 43772 43842 43847 43881 43888 95982
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures		20974 E0748	20975 E0749	20979	E0747
BRCA Genetic Testing		81211 81215	81212 81217	81213	81214
Breast Reconstruction (Non-Mastectomy) Reconstruction of the breast other than following mastectomy		19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
Cochlear and Other Auditory Implants Medical device with a portion surgically implanted within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech		69710 69717 92602 L8615 L8619 L8624 L8691	69711 69718 92603 L8616 L8621 L8627 L8692	69714 69930 92604 L8617 L8622 L8628 L8693	69715 92601 L8614 L8618 L8623 L8690
Cosmetic and Reconstructive Procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that either treat a medical condition or improve or restore physiologic function	Advance notification required for both inpatient and outpatient.	11920 15820 15830 17107 21138 21179 21183 21256 21267 21282 21743 30560 67901 67906 67912 67917 67924 69320	11922 15821 15847 17108 21139 21180 21184 21260 21268 21295 28344 30620 67902 67908 67914 67921 67950 Q2026	11960 15822 15877 17999 21172 21181 21230 21261 21275 21740 30540 40500 67903 67909 67915 67922 67961 Q2027	11971 15823 17106 21137 21175 21182 21235 21263 21280 21742 30545 67900 67904 67911 67916 67923 67966

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Please refer to the member's benefit coverage to determine covered services.

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<p>Durable Medical Equipment (DME) More Than \$500</p> <p>DME with a retail purchase or a cumulative rental cost of more than \$500 requires prior authorization</p> <p>Prosthetics are not DME (see <i>Prosthetics and Orthotics</i>).</p>	<p>For continuous positive airway pressure therapy (CPAP) and bilevel positive airway pressure (BiPAP):</p> <p>For members 21 years and older: prior authorization is required.</p> <p>For members under 21 years: refer to this document for prior authorization requirements..</p>	A9274 E0194 E0274 E0300 E0329 E0460 E0470 E0485 E0636 E0651 E0667 E0671 E0691 E0700 E0764 E0786 E0986 E1005 E1009 E1030 E1086 E1140 E1229 E1233 E1237 E1260 E1310 E2100 E2300 E2312 E2327 E2331 E2373 E2510 E2614 E2626 E2630 K0005 K0013 K0609 K0802 K0812 K0824 K0828 K0836 K0840	A9900 E0265 E0277 E0302 E0445 E0461 E0471 E0486 E0637 E0652 E0668 E0672 E0692 E0710 E0782 E0947 E1002 E1006 E1010 E1035 E1089 E1161 E1230 E1234 E1238 E1285 E1825 E2204 E2301 E2321 E2328 E2343 E2375 E2511 E2616 E2627 K0007 K0014 K0730 K0806 K0821 K0825 K0829 K0837 K0841	A9999 E0266 E0296 E0304 E0450 E0463 E0472 E0601 E0638 E0656 E0669 E0673 E0693 E0745 E0783 E0948 E1003 E1007 E1011 E1036 E1090 E1220 E1231 E1235 E1239 E1290 E1830 E2227 E2310 E2322 E2329 E2351 E2376 E2512 E2620 E2628 K0008 K0108 K0800 K0807 K0822 K0826 K0830 K0838 K0842	E0193 E0270 E0297 E0328 E0457 E0464 E0483 E0620 E0650 E0666 E0670 E0675 E0694 E0762 E0784 E0984 E1004 E1008 E1018 E1085 E1130 E1226 E1232 E1236 E1250 E1300 E1840 E2228 E2311 E2325 E2330 E2370 E2599 E2621 E2629 K0011 K0606 K0801 K0808 K0823 K0827 K0831 K0839 K0843

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Durable Medical Equipment (DME) More Than \$500 (cont'd.)		K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0479 Q0483 Q0490 Q0502 T1999	K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 Q0480 Q0484 Q0491 Q0503 V2786	K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 Q0481 Q0488 Q0495 Q0504	K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 Q0482 Q0489 Q0496 Q0506
Enteral Services At-home nutritional therapy either enteral or through a gastrostomy tube		B4034 B4102 B4150 B4155 B4160 B9002	B4035 B4103 B4152 B4157 B4161 B9998	B4036 B4104 B4153 B4158 B4162	B4100 B4149 B4154 B4159 B9000
Experimental or Investigational Procedures		36514 61864 62264 64555 65767 95965 96002 E1831 S9991	54240 61867 62290 64566 66180 95966 A4638 S0810	55866 61868 62291 64722 95250 95967 A9274 S3652	61863 61886 62292 65765 95251 95978 E0231 S9990
Home Health Services		G0151 G0155 G0159 G0163 S9124 S9131 T1003	G0152 G0156 G0160 G0164 S9127 S9474	G0153 G0157 G0161 S9122 S9128 T1000	G0154 G0158 G0162 S9123 S9129 T1002
Injectable Medications		Botox J0585 IVIG J1459 J1561 J1572 Makena J1725 Synagis* 90378	J0586 J1556 J1566 J1599 J2675	J0587 J1557 J1568	J0588 J1559 J1569

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Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Injectable Medications (Continued)		Xolair* J2357 *Prior notification is obtained through OptumRx prior notifications services at 800-310-6826 for Synagis and Xolair			
Joint Replacement Outpatient and inpatient joint replacement and total hip and knee replacement procedures		23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	
Non-Emergent Air Ambulance Transport		A0430	A0431	A0435	A0436
		S9960	S9961		
Orthognathic Surgery Treatment of maxillofacial (jaw) functional impairment		21121	21122	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
		30465			
Orthotics and Prosthetics – Greater Than \$500 Orthotics and prosthetics with a retail purchase or a cumulative rental cost of more than \$500		L0112	L0170	L0430	L0456
		L0458	L0460	L0462	L0464
		L0470	L0480	L0482	L0484
		L0486	L0488	L0491	L0624
		L0629	L0631	L0632	L0634
		L0635	L0636	L0637	L0638
		L0639	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1500	L1510
		L1520	L1680	L1685	L1686
		L1690	L1700	L1710	L1720
		L1730	L1755	L1832	L1834
		L1840	L1843	L1844	L1845
		L1846	L1860	L1932	L1945
		L1950	L1951	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2114

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Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Orthotics and Prosthetics – Greater Than \$500 (cont'd.)		L2116	L2126	L2128	L2132
		L2134	L2136	L2350	L2510
		L2525	L2526	L2627	L2628
		L2999	L3000	L3010	L3020
		L3031	L3160	L3201	L3202
		L3203	L3204	L3206	L3207
		L3212	L3213	L3214	L3215
		L3216	L3217	L3219	L3221
		L3222	L3230	L3250	L3251
		L3252	L3253	L3265	L3649
		L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3765
		L3766	L3900	L3901	L3904
		L3905	L3960	L3961	L3962
		L3967	L3971	L3973	L3975
		L3976	L3977	L3978	L3999
		L4000	L4010	L4020	L4631
		L5000	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	L5611
		L5613	L5614	L5616	L5639
		L5640	L5642	L5643	L5644
		L5645	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5679	L5681	L5682
		L5683	L5700	L5701	L5702
		L5703	L5705	L5706	L5707
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5781
		L5782	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5840	L5845	L5848
		L5856	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000

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Orthotics and Prosthetics – Greater Than \$500 (cont'd.)		L6010 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6880 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L7261 L8035 L8043 L8047 L8609 L8659	L6020 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L7274 L8040 L8044 L8499 L8610 V2623	L6025 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L7405 L8041 L8045 L8500 L8612 V2627	L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7260 L7499 L8042 L8046 L8605 L8631
Proton Beam Therapy Focused radiation therapy using beams of protons (tiny particles with a positive charge)		77520	77522	77523	77525
Septoplasty and Rhinoplasty Treating nasal functional impairment and septal deviation		30400 30435	30410 30450	30420 30460	30430 30462
Sinuplasty		31295	31296	31297	
Sleep Apnea Procedures and Surgeries Maxillomandibular advancement or oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		21685	41530	42145	41599

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Sleep Studies	For members under 21 years : No prior authorization is required. For member 21 years and older : Prior authorization is required.	95805 95811	95807	95808	95810
Spinal Stimulator for Pain Management Spinal cord stimulators when implanted for pain management		63650	63655	63685	
Spinal Surgery Inpatient and outpatient spinal surgeries		22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307 0092T	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553	22110 22207 22220 22548 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570
Vagus Nerve Stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves		61885 L8682 L8688	64568 L8685 L8689	L8680 L8686	L8681 L8687

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Vein Procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36468 37718	36475 37722	36478 37780	37700
Wound Vac		E2402			

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans																																								
<p>Behavioral Health Services Behavioral health services through a designated behavioral health network</p>		<p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p> <p>Please call the number on the member's ID card to refer for mental health and substance abuse/substance use services.</p>																																								
<p>Out of Network/In State Services</p>	<p>Refer to this document for prior authorization requirements.</p>																																									
<p>Out of Network/Out of State Services</p>	<p>When a network provider refers a member to a non-network provider</p>	<p>All out of network services require prior authorization</p>																																								
<p>Part B Specialty Drug (Medical Benefit) Prior Authorization</p>		<p>Authorization is required for outpatient and office services only for the medical benefit specialty drugs impacted.</p> <p>Specialty drugs billed during an inpatient stay or with any of the following places of service do not require prior authorization: emergency room, observation unit and urgent care center.</p> <p>Request prior authorization by calling 866- 889-8054.</p> <p>For the complete list of Part B specialty drugs that require prior authorization, go to www.UHCCommunityPlan.com > Pharmacy Program.</p>																																								
<p>Radiology Prior Authorization</p>	<p>Prior authorization required for all Positron Emission Tomography (PET Scan) services</p>																																									
<p>Transplants</p>		<p>For transplant services, call OptumHealth at 800-418-4994 and send fax requests to 877-814-0488.</p> <table border="0"> <tr> <td>32850</td> <td>32851</td> <td>32852</td> <td>32853</td> </tr> <tr> <td>32854</td> <td>32855</td> <td>32856</td> <td>33226</td> </tr> <tr> <td>33930</td> <td>33933</td> <td>33935</td> <td>33940</td> </tr> <tr> <td>33944</td> <td>33945</td> <td>38205</td> <td>38206</td> </tr> <tr> <td>38207</td> <td>38208</td> <td>38209</td> <td>38210</td> </tr> <tr> <td>38211</td> <td>38212</td> <td>38213</td> <td>38214</td> </tr> <tr> <td>38215</td> <td>38230</td> <td>38232</td> <td>38240</td> </tr> <tr> <td>38241</td> <td>38242</td> <td>44010</td> <td>44015</td> </tr> <tr> <td>44020</td> <td>44021</td> <td>44025</td> <td>44050</td> </tr> <tr> <td>44055</td> <td>44100</td> <td>44110</td> <td>44111</td> </tr> </table>	32850	32851	32852	32853	32854	32855	32856	33226	33930	33933	33935	33940	33944	33945	38205	38206	38207	38208	38209	38210	38211	38212	38213	38214	38215	38230	38232	38240	38241	38242	44010	44015	44020	44021	44025	44050	44055	44100	44110	44111
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Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Transplants (cont'd.)		44120 44127 44133 44715 47135 47142 47146 48551 50300 50327 50360 50547 0052T S2055 S2103	44121 44128 44135 44720 47136 47143 47147 48552 50320 50328 50365 54680 0053T S2060 S2152	44125 44130 44136 44721 47140 47144 48160 48554 50323 50329 50370 60512 S2053 S2061 S9975	44126 44132 44137 47133 47141 47145 48550 48556 50325 50340 50380 0051T S2054 S2065
Ventricular Assist Devices A mechanical pump that takes over the function of a damaged heart ventricle and restores normal blood flow		Notify OptumHealth at 888-936-7246 or call the notification number on the back of the member's ID card. Q0505 Q0507 Q0508 Q0509 33975 33976 33979 33981 33982 33983			

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