

Advance Notification Requirements for Kansas Effective Jan. 1, 2016



Procedures and Services (In/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 L8615 L8619 L8624 L8691	69718 L8616 L8621 L8627 L8692	69714 69930 L8617 L8622 L8628 L8693	69715 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	Authorization required for both inpatient and outpatient.	11920 15820 15830 17107 21138 21179 21183 21256 21267 21282 21743 30560 67902 67908 67914 67921 67950 Q2027	11922 15821 15847 17108 21139 21180 21184 21260 21268 21295 28344 30620 67903 67909 67915 67922 67961	11960 15822 15877 17999 21172 21181 21230 21261 21275 21740 30540 67900 67904 67911 67916 67923 67966	11971 15823 17106 21137 21175 21182 21235 21263 21280 21742 30545 67901 67906 67912 67917 67924 Q2026

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<p>Durable Medical Equipment (DME) More Than \$500</p> <p>DME codes listed with a retail purchase or a cumulative rental cost of more than \$500 requires prior authorization</p> <p>Prosthetics are not DME (<i>see Prosthetics and Orthotics</i>).</p>	<p>For continuous positive airway pressure therapy (CPAP) and bilevel positive airway pressure (BiPAP): 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 E0465 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 E2599 E2621 E2629 K0008 K0108 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878	A9900 E0265 E0277 E0302 E0445 E0466 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 E2510 E2614 E2626 E2630 K0011 K0606 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879	A9999 E0266 E0296 E0304 E0457 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 E2511 E2616 E2627 K0005 K0013 K0609 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880	E0193 E0270 E0297 E0328 E0460 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 E2512 E2620 E2628 K0007 K0014 K0730 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884

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Durable Medical Equipment (DME) More Than \$500 (Continued) DME codes listed with a retail purchase or a cumulative rental cost of more than \$500		K0885 K0898 Q0481 Q0488 Q0495 Q0504	K0886 K0899 Q0482 Q0489 Q0496 Q0506	K0890 Q0479 Q0483 Q0490 Q0502 T1999	K0891 Q0480 Q0484 Q0491 Q0503 V2786
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		33477 61863 61886 62292 65765 95251 95978 E0231 S9990	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
Femoroacetabular Impingement Syndrome (FAI)		29914	29915	29916	
Home Health Including Extended Nursing Services		G0151 G0156 G0160 G0164 S9123 S9129 T1002	G0152 G0157 G0161 G0299 S9124 S9131 T1003	G0153 G0158 G0162 G0300 S9127 S9474	G0155 G0159 G0163 S9122 S9128 T1000
Injectable Medications		Synagis* 90378 *Prior notification is obtained through OptumRx prior notifications services at 800-310-6826			
Joint Replacement Outpatient and inpatient joint replacement and total hip and knee replacement procedures		23470 24360 24370 27125 27137 27447 29867	23472 24361 24371 27130 27138 27486 29868	23473 24362 27120 27132 27412 27487 J7330	23474 24363 27122 27134 27446 29866
Orthognathic Surgery Treatment of maxillofacial (jaw) functional impairment		21121 21127 21145 21151	21122 21141 21146 21154	21123 21142 21147 21155	21125 21143 21150 21159

Advance Notification Requirements for Kansas

Effective Jan. 1, 2016



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Orthognathic Surgery (cont'd.)		21160 21195 21206 21215 21245 21249 30465	21188 21196 21208 21240 21246 21255	21193 21198 21209 21242 21247 21296	21194 21199 21210 21244 21248 21299
Orthotics and Prosthetics – Greater Than \$500 Orthotic and prosthetic codes listed with a retail purchase or a cumulative rental cost of more than \$500		L0112 L0458 L0470 L0486 L0629 L0635 L0639 L0810 L1000 L1310 L1520 L1690 L1730 L1840 L1846 L1950 L2005 L2034 L2060 L2116 L2134 L2525 L2999 L3031 L3203 L3212 L3216 L3222 L3252 L3671 L3740 L3766 L3905 L3967 L3976 L4000 L5000 L5060 L5160 L5230 L5301 L5341 L5500 L5530	L0170 L0460 L0480 L0488 L0631 L0636 L0640 L0820 L1005 L1499 L1680 L1700 L1755 L1843 L1860 L1951 L2010 L2036 L2106 L2126 L2136 L2526 L3000 L3160 L3204 L3213 L3217 L3230 L3253 L3674 L3763 L3900 L3960 L3971 L3977 L4010 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535	L0430 L0462 L0482 L0491 L0632 L0637 L0700 L0830 L1200 L1500 L1685 L1710 L1832 L1844 L1932 L1970 L2020 L2037 L2108 L2128 L2350 L2627 L3010 L3201 L3206 L3214 L3219 L3250 L3265 L3720 L3764 L3901 L3961 L3973 L3978 L4020 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540	L0456 L0464 L0484 L0624 L0634 L0638 L0710 L0859 L1300 L1510 L1686 L1720 L1834 L1845 L1945 L2000 L2030 L2038 L2114 L2132 L2510 L2628 L3020 L3202 L3207 L3215 L3221 L3251 L3649 L3730 L3765 L3904 L3962 L3975 L3999 L4631 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560

Advance Notification Requirements for Kansas Effective Jan. 1, 2016



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<p>Orthotics and Prosthetics – Greater Than \$500 (Continued)</p> <p>Orthotic and prosthetic codes listed with a retail purchase or a cumulative rental cost of more than \$500</p>		L5570 L5595 L5613 L5640 L5645 L5649 L5673 L5683 L5703 L5716 L5726 L5782 L5812 L5822 L5830 L5856 L5950 L5964 L5976 L5982 L5988 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	L5580 L5600 L5614 L5642 L5646 L5651 L5679 L5700 L5705 L5718 L5728 L5790 L5814 L5824 L5840 L5857 L5960 L5966 L5979 L5984 L5990 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	L5585 L5610 L5616 L5643 L5647 L5653 L5681 L5701 L5706 L5722 L5780 L5795 L5816 L5826 L5845 L5858 L5961 L5968 L5980 L5986 L5999 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	L5590 L5611 L5639 L5644 L5648 L5661 L5682 L5702 L5707 L5724 L5781 L5811 L5818 L5828 L5848 L5930 L5962 L5973 L5981 L5987 L6000 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

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Proton Beam Therapy Focused radiation therapy using beams of protons (tiny particles with a positive charge)		77520	77522	77523	77525
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	41599	42145
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 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	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272

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Spinal Surgery (Continued)		63286 63303 63307 0092T	63300 63304 63308	63301 63305 64553	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	L8680 L8686	L8687
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			
Behavioral Health Services Behavioral health services through a designated behavioral health network		<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>			
Out of Network /In State Services	Refer to this document for prior authorization requirements.				
Out of Network/Out of State Services	When a Network provider refers a member to a non-network provider	All out of network services require prior authorization			
Radiology Prior Authorization	Prior Authorization required for all Positron Emission Tomography (PET scan) services				
Transplants		For transplant services, call OptumHealth at 888-936-7246 and send fax requests to 877-814-0488.			
Ventricular Assist Devices A mechanical pump that takes over the function of a damaged heart ventricle and restores normal blood flow	VAD Device and Supplies are not covered.	<p>Notify OptumHealth at 888-936-7246 or call the notification number on the back of the member's identification (ID) card.</p> <p>Q0505 Q0507 Q0508 Q0509 33975 33976 33979 33981 33982 33983</p>			