

Advance Notification Requirements for Kansas Effective Jan. 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 0312T 0316T	43645 43770 43774 43845 43860 43886 95980 0313T 0317T	43647 43771 43775 43846 43865 43887 95981 0314T	43648 43772 43842 43847 43881 43888 95982 0315T
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures		20974 E0748	20975 E0749	20979	E0747
BRCA Genetic Testing		81211 81215	81212 81216	81213 81217	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	11922 15821 15847 17108 21139 21180 21184 21260 21268 21295 28344 30620 67902 67908 67914 67921 67950	11960 15822 15877 17999 21172 21181 21230 21261 21275 21740 30540 40500 67903 67909 67915 67922 67961	11971 15823 17106 21137 21175 21182 21235 21263 21280 21742 30545 67900 67904 67911 67916 67923 67966

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
		69320	Q2026	Q2027	
<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 A9900 E0265 E0277 E0302 E0445 E0461 E0471 E0486 E0637 E0650 E0666 E0670 E0675 E0694 E0762 E0784 E0984 E1004 E1008 E1018 E1085 E1130 E1226 E1232 E1236 E1250 E1300 E1840 E2228 E2310 E2322 E2329 E2351 E2376 E2512 E2620 E2628 E8001 K0008 K0108 K0800 K0807 K0822 K0826	A9275 A9999 E0266 E0296 E0304 E0450 E0463 E0472 E0601 E0638 E0651 E0667 E0671 E0691 E0700 E0764 E0786 E0986 E1005 E1009 E1030 E1086 E1140 E1229 E1233 E1237 E1260 E1310 E2100 E2230 E2311 E2325 E2330 E2370 E2402 E2599 E2621 E2629 E8002 K0011 K0606 K0801 K0808 K0823 K0827	A9279 E0193 E0270 E0297 E0328 E0457 E0464 E0483 E0620 E0641 E0652 E0668 E0672 E0692 E0710 E0782 E0947 E1002 E1006 E1010 E1035 E1089 E1161 E1230 E1234 E1238 E1285 E1825 E2204 E2300 E2312 E2327 E2331 E2373 E2510 E2614 E2626 E2630 K0005 K0013 K0609 K0802 K0812 K0824 K0828	A9280 E0194 E0274 E0300 E0329 E0460 E0470 E0485 E0636 E0642 E0656 E0669 E0673 E0693 E0745 E0783 E0948 E1003 E1007 E1011 E1036 E1090 E1220 E1231 E1235 E1239 E1290 E1830 E2227 E2301 E2321 E2328 E2343 E2375 E2511 E2616 E2627 E8000 K0007 K0014 K0730 K0806 K0821 K0825 K0829

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Durable Medical Equipment (DME) More Than \$500 (cont'd.)		K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 Q0481 Q0488 Q0495 Q0504 V2786 V5271 V5282 V5286 V5290	K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 Q0482 Q0489 Q0496 Q0506 V5268 V5272 V5283 V5287	K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0479 Q0483 Q0490 Q0502 T1999 V5269 V5274 V5284 V5288	K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 Q0480 Q0484 Q0491 Q0503 T5999 V5270 V5281 V5285 V5289
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 0269T 0283T A9274 E0231 S1031 S8262	54240 61867 62290 64566 66180 95966 0085T 0270T 0285T A9276 E1831 S1040 S9988	55866 61868 62291 64722 95250 95967 0191T 0271T A4638 A9277 S0810 S2102 S9990	61863 61886 62292 65765 95251 95978 0262T 0282T A6000 A9278 S1030 S3652 S9991
Home Health Services		99503 G0154 G0158 G0162 S9123 S9129	G0151 G0155 G0159 G0163 S9124 S9131	G0152 G0156 G0160 G0164 S9127 S9474	G0153 G0157 G0161 S9122 S9128 T1000

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Injectable Medications		Botox J0585	J0586	J0587	J0588
Joint Replacement Outpatient and inpatient joint replacement and total hip and knee replacement procedures		Synagis 90378			
Non-Emergent Air Ambulance Transport		A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic Surgery Treatment of maxillofacial (jaw) functional impairment		21121	21122	21123	21125
Orthotics and Prosthetics – Greater Than \$500 Orthotics and prosthetics with a retail purchase or a cumulative rental cost of more than \$500		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			
		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
		L2116	L2126	L2128	L2132
		L2134	L2136	L2350	L2510

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<p>Orthotics and Prosthetics – Greater Than \$500 (cont'd.)</p>		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		
L6010	L6020	L6025	L6050		
L6055	L6100	L6110	L6120		

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
<p>Orthotics and Prosthetics – Greater Than \$500 (cont'd.)</p>		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	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	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	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
<p>Proton Beam Therapy Focused radiation therapy using beams of protons (tiny particles with a positive charge)</p>		77520	77522	77523	77525
<p>Septoplasty and Rhinoplasty Treating nasal functional impairment and septal deviation</p>		30400 30435	30410 30450	30420 30460	30430 30462
<p>Sleep Apnea Procedures and Surgeries Maxillomandibular advancement or oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea</p>		21685	41530	42145	41599
<p>Sleep Studies</p>	<p>For members under 21 years: No prior authorization is required.</p> <p>For member 21 years and older: Prior authorization is required.</p>	95805 95811	95807	95808	95810

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Spinal Stimulator for Pain Management Spinal cord stimulators when implanted for pain management		63650	63655	63685	
Spinal Surgery Inpatient and outpatient spinal surgeries Spinal Surgery (cont'd.)		22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	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	22864
		22865	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
		63180	63182	63185	63190
		63191	63194	63195	63196
		63198	63199	63200	63250
		63251	63252	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308	64553	64570
		0092T	0095T	0098T	0164T
Transplants		For transplant services, call OptumHealth at 800-418-4994 and send fax requests to 877-814-0488 .			
		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
		44120	44121	44125	44126
		44127	44128	44130	44132
		44133	44135	44136	44137

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Transplants (cont'd.)		44715	44720	44721	47133
		47135	47136	47140	47141
		47142	47143	47144	47145
		47146	47147	48160	48550
		48551	48552	48554	48556
		50300	50320	50323	50325
		50327	50328	50329	50340
		50360	50365	50370	50380
		50547	54680	60512	0051T
		0052T	0053T	S2053	S2054
		S2055	S2060	S2061	S2065
		S2103	S2152	S9975	
Vagus Nerve Stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves		61885	64568	L8680	L8681
		L8682	L8685	L8686	L8687
		L8688	L8689		
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	36475	36478	37700
		37718	37722	37780	
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>Ventricular Assist Devices A mechanical pump that takes over the function of a damaged heart ventricle and restores normal blood flow</p>		<p>Notify OptumHealth at 888-936-7246 or call the notification number on the back of the member's ID card.</p> <table border="0"> <tr> <td>Q0505</td> <td>Q0507</td> <td>Q0508</td> <td>Q0509</td> </tr> <tr> <td>33975</td> <td>33976</td> <td>33979</td> <td>33981</td> </tr> <tr> <td>33982</td> <td>33983</td> <td></td> <td></td> </tr> </table>	Q0505	Q0507	Q0508	Q0509	33975	33976	33979	33981	33982	33983		
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