

Advance Notification Requirements for Kansas Effective January 1, 2017



General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan of Kansas participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **Phone:** 866-604-3267
- **Fax:** 866-943-6474 (For LTC/LTSS: 877-950-6887); fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Kansas > Provider Forms > Prior Authorization Form

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Allergen immunotherapy	Prior authorization required after 156 doses per calendar year	95165			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43770 43846 43881 95981	43645 43775 43847 43882 95982	43648 43842 43848 64590	43659 43845 43860 95980
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
BRCA genetic testing	Prior authorization required	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
Cochlear implants and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization required	11960 15822 15877 17999 21172 21181	11971 15823 17106 21137 21175 21182	15820 15830 17107 21138 21179 21183	15821 15847 17108 21139 21180 21184

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Cosmetic and reconstructive procedures (cont'd)</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p>		21230 21261 21275 21740 30540 67900 67904 67911 67916 67923 67966	21235 21263 21280 21742 30545 67901 67906 67912 67917 67924 Q2026	21256 21267 21282 21743 30560 67902 67908 67914 67921 67950	21260 21268 21295 28344 30620 67903 67909 67915 67922 67961
<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</p>	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prior authorization required for continuous positive airway pressure therapy (CPAP) and bilevel positive airway pressure (BiPAP)</p> <p>Prosthetics are not DME—see <i>Prosthetics and Orthotics</i></p>	A9900 E0265 E0300 E0329 E0465 E0472 E0601 E0638 E0656 E0670 E0692 E0710 E0782 E0947 E1002 E1006 E1010 E1035 E1089 E1161 E1231 E1235 E1239 E1290 E1825 E2204 E2301 E2321 E2328 E2343 E2375 E2512 E2627 K0005 K0013	A9999 E0266 E0302 E0445 E0466 E0483 E0620 E0650 E0667 E0673 E0693 E0745 E0783 E0948 E1003 E1007 E1011 E1036 E1090 E1220 E1232 E1236 E1250 E1300 E1830 E2227 E2310 E2322 E2329 E2351 E2376 E2599 E2628 K0007 K0014	E0193 E0270 E0304 E0457 E0470 E0485 E0636 E0651 E0668 E0675 E0694 E0762 E0784 E0984 E1004 E1008 E1018 E1085 E1130 E1229 E1233 E1237 E1260 E1310 E1840 E2228 E2311 E2325 E2330 E2370 E2510 E2616 E2629 K0008	E0194 E0277 E0328 E0460 E0471 E0486 E0637 E0652 E0669 E0691 E0700 E0764 E0786 E0986 E1005 E1009 E1030 E1086 E1140 E1230 E1234 E1238 E1285 E1399 E2100 E2300 E2312 E2327 E2331 E2373 E2511 E2626 E2630 K0011 K0606

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Durable Medical Equipment (DME): more than \$500 (cont'd) DME codes listed with a retail purchase or a cumulative rental cost of more than \$500		K0730 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 V2786	K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898	K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899	K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 T1999
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4150 B4158 B9000	B4035 B4103 B4152 B4159 B9002	B4036 B4104 B4153 B4160 B9998	B4100 B4149 B4155 B4161
Experimental and investigational	Prior authorization required	33477 61863 61886 62292 65767 95967 E0231 S9991	36514 61864 62264 64555 66180 95978 E1831	54240 61867 62290 64722 95965 A4638 S0810	55866 61868 62291 65765 95966 A9274 S9990
Femoroacetabular Impingement Syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31239 31256 31288	31240 31267	31254 31276	31255 31287
Home health services	Prior authorization required only in outpatient settings, to include member's home	G0156 G0299 S9124	G0162 G0300 S9474	G0163 S9122 T1002	G0164 S9123 T1003
Incontinence supplies	Prior authorization required for members 21 and older	T4521 T4525 T4529 T4533	T4522 T4526 T4530 T4534	T4523 T4527 T4531 T4535	T4524 T4528 T4532

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Injectable medications	Prior authorization required	Synagis* 90378 *Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826 .			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	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	
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	30465
Orthotics and prosthetics: more than \$500 Orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include member's home	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	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2128	L2134	L2136
		L2350	L2510	L2525	L2526
		L2627	L2628	L2999	L3000
		L3160	L3201	L3202	L3203
		L3204	L3206	L3207	L3212
		L3213	L3214	L3215	L3216
		L3217	L3219	L3221	L3222
		L3230	L3250	L3251	L3252
		L3253	L3265	L3649	L3671

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Orthotics and prosthetics: more than \$500 (cont'd)</p> <p>Orthotic and prosthetic codes with a retail purchase or a cumulative rental cost of more than \$500</p>		L3674 L3763 L3900 L3961 L3975 L3999 L4631 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5613 L5640 L5645 L5649 L5673 L5700 L5705 L5718 L5728 L5790 L5814 L5824 L5840 L5857 L5960 L5966 L5979 L5984 L5990 L6020 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686	L3720 L3764 L3901 L3967 L3976 L4000 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5614 L5642 L5646 L5651 L5681 L5701 L5706 L5722 L5780 L5795 L5816 L5826 L5845 L5858 L5961 L5968 L5980 L5986 L5999 L6026 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687	L3730 L3765 L3904 L3971 L3977 L4010 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5616 L5643 L5647 L5653 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	L3740 L3766 L3905 L3973 L3978 L4020 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5611 L5639 L5644 L5648 L5661 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

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics and prosthetics: more than \$500 (cont'd) Orthotic and prosthetic codes with a retail purchase or a cumulative rental cost of more than \$500		L6692 L6696 L6708 L6713 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L8035 L8043 L8047 L8610 V2623	L6693 L6697 L6709 L6714 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L8040 L8044 L8499 L8612 V2627	L6694 L6704 L6711 L6715 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7405 L8041 L8045 L8500 L8631	L6695 L6707 L6712 L6880 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L7499 L8042 L8046 L8609 L8659
Personal care service	Prior authorization required	T1019			
PET Scans	Not a covered benefit unless medically necessary and prior authorization obtained	78459 78609 78814	78491 78811 78815	78492 78812	78608 78813
Private duty nursing	Prior authorization required	T1000			
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	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31295	31296	31297	
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Sleep studies	No prior authorization required for members 21 and younger Prior authorization required for members 21 and older	95805 95811	95807	95808	95810

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
Spinal surgery	Prior authorization required	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
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885	64568	L8680	L8682
		L8685	L8686	L8687	L8688
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	Prior authorization required	36468	36475	36478	37700
		37718	37722	37780	
Wound vac	Prior authorization required	E2402			

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Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																												
Behavioral health services	<p>Prior authorization required</p> <p>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 when referring for mental health and substance abuse/substance use services.</p>																																																												
Transplants	<p>Prior authorization required</p>	<p>For transplant services, please call the Optum Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's ID card.</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>33930</td></tr> <tr><td>33933</td><td>33935</td><td>33940</td><td>33944</td></tr> <tr><td>33945</td><td>38208</td><td>38209</td><td>38210</td></tr> <tr><td>38212</td><td>38213</td><td>38214</td><td>38215</td></tr> <tr><td>38232</td><td>38240</td><td>38241</td><td>38242</td></tr> <tr><td>44132</td><td>44133</td><td>44135</td><td>44136</td></tr> <tr><td>44137</td><td>44715</td><td>44720</td><td>44721</td></tr> <tr><td>47133</td><td>47135</td><td>47140</td><td>47141</td></tr> <tr><td>47142</td><td>47143</td><td>47144</td><td>47145</td></tr> <tr><td>47146</td><td>47147</td><td>48551</td><td>48552</td></tr> <tr><td>48554</td><td>50300</td><td>50320</td><td>50323</td></tr> <tr><td>50325</td><td>50340</td><td>50360</td><td>50365</td></tr> <tr><td>50370</td><td>50380</td><td>50547</td><td>S2060</td></tr> <tr><td>S2061</td><td>S2152</td><td></td><td></td></tr> </table>	32850	32851	32852	32853	32854	32855	32856	33930	33933	33935	33940	33944	33945	38208	38209	38210	38212	38213	38214	38215	38232	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	50380	50547	S2060	S2061	S2152		
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Ventricular assist devices (VAD)	<p>Prior authorization required</p> <p>A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow</p> <p>VAD device and supplies are not covered</p>	<p>Please call the notification number on the back of the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.</p> <table border="0"> <tr><td>33975</td><td>33976</td><td>33979</td><td>33981</td></tr> <tr><td>33982</td><td>33983</td><td>0051T</td><td>0052T</td></tr> <tr><td>0053T</td><td>Q0507</td><td>Q0508</td><td>Q0509</td></tr> </table>	33975	33976	33979	33981	33982	33983	0051T	0052T	0053T	Q0507	Q0508	Q0509																																																
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