

Advance Notification Requirements for Kansas

Effective May 1, 2016



Procedures and Services (In/Outpatient services provided by participating providers)	Additional Information	Current Procedural Terminology (CPT) Codes			
Bariatric surgery	Inpatient and Outpatient bariatric surgery and obesity-related services	43644	43645	43647	43648
		43659	43770	43771	43772
		43773	43774	43775	43842
		43843	43845	43846	43847
		43848	43860	43865	43881
		43882	43886	43887	43888
		64590	95980	95981	95982
Bone growth stimulator	Electronic stimulation or ultrasound to heal fractures	20974	20975	20979	E0747
		E0748	E0749		
BRCA genetic testing		81162	81211	81212	81213
		81214	81215	81216	81217
		81432	81433		
Breast reconstruction (non-mastectomy)	Reconstruction of the breast other than following mastectomy	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
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		69714	69715
		69717	69718	69930	
		L8615	L8616	L8617	L8614
		L8619	L8621	L8622	L8618
		L8624	L8627	L8628	L8623
		L8691	L8692	L8693	L8690
Cosmetic and reconstructive procedures	Authorization required for both inpatient and outpatient.	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	17106	17107	17108
		17999	21137	21138	21139
	Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21260
		21261	21263	21267	21268
		21275	21280	21282	21295
	Reconstructive procedures that either treat a medical condition or improve or restore physiologic function	21740	21742	21743	28344
		30540	30545	30560	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		

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Procedures and Services (In/Outpatient services provided by participating providers)	Additional Information	Current Procedural Terminology (CPT) Codes						
<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>	A9274	A9900	A9999	E0193			
	<p>Prosthetics are not DME (see <i>Prosthetics and Orthotics</i>).</p>	E0194	E0265	E0266	E0270			
	<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>	E0274	E0277	E0296	E0297			
	<p>For members under 21 years: refer to this document for prior authorization requirements.</p>	E0300	E0302	E0304	E0328			
	E0329	E0445	E0457	E0460	E0465	E0466	E0470	E0471
	E0472	E0483	E0485	E0486	E0601	E0620	E0636	E0637
	E0638	E0650	E0651	E0652	E0656	E0666	E0667	E0668
	E0669	E0670	E0671	E0672	E0673	E0675	E0691	E0692
	E0693	E0694	E0700	E0710	E0745	E0762	E0764	E0782
	E0783	E0784	E0786	E0947	E0948	E0984	E0986	E1002
	E1003	E1004	E1005	E1006	E1007	E1008	E1009	E1010
	E1011	E1018	E1030	E1035	E1036	E1085	E1086	E1089
	E1090	E1130	E1140	E1161	E1220	E1226	E1229	E1230
	E1231	E1232	E1233	E1234	E1235	E1236	E1237	E1238
	E1239	E1250	E1260	E1285	E1290	E1300	E1310	E1825
	E1830	E1840	E2100	E2204	E2227	E2228	E2300	E2301
	E2310	E2311	E2312	E2321	E2322	E2325	E2327	E2328
	E2329	E2330	E2331	E2343	E2351	E2370	E2373	E2375
	E2376	E2510	E2511	E2512	E2599	E2614	E2616	E2620
	E2621	E2626	E2627	E2628	E2629	E2630	K0005	K0007
	K0008	K0011	K0013	K0014	K0108	K0606	K0609	K0730
	K0800	K0801	K0802	K0806	K0807	K0808	K0812	K0821
	K0822	K0823	K0824	K0825	K0826	K0827	K0828	K0829
	K0830	K0831	K0836	K0837	K0838	K0839	K0840	K0841
	K0842	K0843	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				

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Procedures and Services (In/Outpatient services provided by participating providers)	Additional Information	Current Procedural Terminology (CPT) Codes
Durable medical equipment (DME) more than \$500 (cont'd.)	<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 (see <i>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>	<p>K0885 K0886 K0890 K0891 K0898 K0899 Q0479 Q0480 Q0481 Q0482 Q0483 Q0484 Q0488 Q0489 Q0490 Q0491 Q0495 Q0496 Q0502 Q0503 Q0504 Q0506 T1999 V2786</p>
Enteral services	At-home nutritional therapy either enteral or through a gastrostomy tube	<p>B4034 B4035 B4036 B4100 B4102 B4103 B4104 B4149 B4150 B4152 B4153 B4154 B4155 B4157 B4158 B4159 B4160 B4161 B4162 B9000 B9002 B9998</p>
Experimental or investigational		<p>33477 36514 54240 55866 61863 61864 61867 61868 61886 62264 62290 62291 62292 64555 64722 65765 65767 66180 95250 95251 95965 95966 95967 95978 96002 A4638 A9274 E0231 E1831 S0810 S3652 S9990 S9991</p>
Femoroacetabular impingement syndrome (FAI)		29914 29915 29916
Functional endoscopic sinus surgery (FESS)		<p>31237 31239 31240 31254 31255 31256 31267 31276 31287 31288</p>
Home health	Including Extended Nursing Services	<p>G0151 G0152 G0153 G0155 G0156 G0157 G0158 G0159 G0160 G0161 G0162 G0163 G0164 G0299 G0300 S9122 S9123 S9124 S9127 S9128 S9129 S9131 S9474 T1000 T1002 T1003</p>
Injectable medications	* Prior notification is obtained through OptumRx prior notifications services at 800-310-6826	Synagis* 90378

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Procedures and Services (In/Outpatient services provided by participating providers)	Additional Information	Current Procedural Terminology (CPT) Codes			
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 21160 21195 21206 21215 21245 21249 30465	21122 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299
Orthotics and prosthetics – more 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	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	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	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

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Procedures and Services (In/Outpatient services provided by participating providers)	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics and prosthetics – more than \$500 (cont'd.)	Orthotic and prosthetic codes listed with a retail purchase or a cumulative rental cost of more than \$500	L3905 L3967 L3976 L4000 L5000 L5060 L5160 L5230 L5301 L5341 L5500 L5530 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	L3960 L3971 L3977 L4010 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 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	L3961 L3973 L3978 L4020 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 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	L3962 L3975 L3999 L4631 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 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

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Orthotics and prosthetics – more than \$500 (cont'd.)	Orthotic and prosthetic codes listed with a retail purchase or a cumulative rental cost of more than \$500	L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7260
		L7261	L7274	L7405	L7499
		L8035	L8040	L8041	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8500	L8605
		L8609	L8610	L8612	L8631
		L8659	V2623	V2627	
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	30410	30420	30430
		30435	30450	30460	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	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

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Spinal surgery (cont'd.)		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			
Vagus nerve stimulation	Implantation of a device that sends electrical impulses into one of the cranial nerves	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	36468	36475	36478	37700
		37718	37722	37780	
Wound vac		E2402			

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
Behavioral health services	Behavioral health services through a designated behavioral health network Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call the number on the member's ID card to refer for mental health and substance abuse/substance use services.
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	VAD Device and Supplies are not covered. 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 identification (ID) card. Q0505 Q0507 Q0508 Q0509 33975 33976 33979 33981 33982 33983