

Prior Authorization Requirements for Kansas Effective October 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:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **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
- To request prior authorization for Pediatric Care Network (PCN), please call PCN at **833-802-6427**.

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 81433	81211 81215	81212 81217	81213 81432
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 21230 21261	11971 15823 17106 21137 21175 21182 21235 21263	15820 15830 17107 21138 21179 21183 21256 21267	15821 15847 17108 21139 21180 21184 21260 21268

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Cosmetic and reconstructive procedures (cont'd) Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21275	21280	21282	21295
		21740	21742	21743	28344
		30540	30545	30560	30620
		55970	55980	67900	67901
		67902	67903	67904	67906
		67908	67909	67911	67912
		67914	67915	67916	67917
		67921	67922	67923	67924
		67950	67961	67966	Q2026
		These surgical codes with the following DX codes :			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	19304	20926	53410
53430	54125	54520	54660		
54690	55175	55180	56625		
56800	56805	57110	57335		
58150	58180	58260	58262		
58290	58291	58541	58542		
58543	58544	58550	58552		
58553	58554	58570	58571		
58572	58573	58661	58720		
58940	64856	64892	64896		
Durable medical equipment (DME): more than \$500 DME codes listed with a retail purchase or a cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include patient's home	A9900	A9999	E0193	E0194
		E0265	E0266	E0270	E0277
	E0300	E0302	E0304	E0328	
	E0329	E0445	E0457	E0460	
	E0465	E0466	E0470	E0471	
	E0472	E0483	E0485	E0486	
	E0620	E0636	E0637	E0638	
	E0650	E0651	E0652	E0656	
	E0667	E0668	E0669	E0670	
	E0673	E0675	E0691	E0692	
	E0693	E0694	E0700	E0710	
	E0745	E0762	E0764	E0766	
	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	E1229	E1230	
E1231	E1232	E1233	E1234		
E1235	E1236	E1237	E1238		
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .				

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes					
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		E1239	E1250	E1260	E1285		
		E1290	E1300	E1310	E1399		
		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	E2616	E2626		
		E2627	E2628	E2629	E2630		
		K0005	K0007	K0008	K0011		
		K0013	K0014	K0108	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		
		K0885	K0886	K0890	K0891		
		K0898	K0899	T1999	V2786		
		Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
				B4102	B4103	B4104	B4149
B4150	B4152			B4153	B4155		
B4158	B4159			B4160	B4161		
B9000	B9002			B9998			
Experimental and investigational	Prior authorization required	33477	36514	54240	55866		
		61863	61864	61867	61868		
		61886	62264	62290	62291		
		62292	64555	64722	65765		
		65767	66180	95965	95966		
		95967	95978	A4638	A9274		
		E0231	E1831	S0810	S9990		
		S9991					
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916			
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31254	31255	31256		
		31267	31276	31287	31288		

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Home health services	Prior authorization required only in outpatient settings, to include member's home	G0156 S9122 T1002	G0162 S9123 T1003	G0299 S9124	G0300 S9474
Incontinence supplies	Prior authorization required for members 21 and older	T4521 T4525 T4529 T4533 T4544	T4522 T4526 T4530 T4534	T4523 T4527 T4531 T4535	T4524 T4528 T4532 T4543
Injectable medications	Prior authorization required	<p>Cinqair® J2786</p> <p>Exondys 51™ C9484</p> <p>Lemtrada® J0202</p> <p>Nucala® J2182</p> <p>Probuphine® J0570</p> <p>Soliris® J1300</p> <p>Spinraza™ C9489</p> <p>Synagis®* 90378</p> <p>Unclassified code** J3490 J3590</p> <p>* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826.</p> <p>** For Unclassified codes J3490 and J3590, prior authorization is only required for Exondys 51™, Ocrevus™, Radicava™ and Spinraza™.</p>			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	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	Prior authorization required	21121 21141	21123 21142	21125 21143	21127 21145

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthognathic surgery (cont'd)		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	
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
		L3674	L3720	L3730	L3740
		L3763	L3764	L3765	L3766
		L3900	L3901	L3904	L3905
		L3961	L3967	L3971	L3973
		L3975	L3976	L3977	L3978
		L3999	L4000	L4010	L4020
		L4631	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

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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		L5595	L5600	L5610	L5611
		L5613	L5614	L5616	L5639
		L5640	L5642	L5643	L5644
		L5645	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5681	L5682	L5683
		L5700	L5701	L5702	L5703
		L5705	L5706	L5707	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	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	L6026
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6380
		L6382	L6384	L6400	L6450
		L6500	L6550	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6623	L6624
		L6646	L6648	L6686	L6687
		L6689	L6690	L6692	L6693
		L6694	L6695	L6696	L6697
		L6704	L6707	L6708	L6709
		L6711	L6712	L6713	L6714
		L6715	L6880	L6881	L6882
		L6883	L6884	L6885	L6895
		L6900	L6905	L6910	L6915
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
L7045	L7170	L7180	L7181		
L7185	L7186	L7190	L7191		
L7405	L7499	L8035	L8040		
L8041	L8042	L8043	L8044		
L8045	L8046	L8047	L8499		
L8500	L8609	L8610	L8612		
L8631	L8659	V2623	V2627		

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
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 30465	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
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 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Spinal surgery (cont'd)		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	36473	36475	36478
		37700	37718	37722	37780
Wound vac	Prior authorization required	E2402			

Additional Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Behavioral health services	Prior authorization required 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 health plan ID card when referring for mental health/substance abuse/substance use services.
Transplants	Prior authorization required	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 health plan ID card. 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

Additional Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization												
<p>Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow</p>	<p>Prior authorization required VAD device and supplies are not covered.</p>	<p>Please call the notification number on the back of the member's health plan 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" data-bbox="1068 531 1498 621"> <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
33975	33976	33979	33981											
33982	33983	0051T	0052T											
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