



Services Requiring Prior Authorization

The table below outlines the services that require prior authorization by UniCare for our members enrolled in the HealthWave 19 and 21 programs. This list will be updated as needed. Prior authorization may be abbreviated as “PA” throughout this document.

Providers are responsible for verifying eligibility and benefits before providing services to UniCare members. Except for an emergency, failure to obtain PA for the services listed below may result in a denial for reimbursement.

To request PA, report a medical admission, or ask questions regarding PA, please contact the UniCare Utilization Management department at **1-866-408-7107**.

To access our medical policies and clinical Utilization Management guidelines, and for details about pharmacy PA requirements please visit **www.unicare.com**.

- Referral to Out-of-Network provider and/or facility requires prior authorization for **all** services.
- Surgeries/procedures that are for cosmetic purposes or considered investigational are not covered.

Services Requiring Prior Authorization	
Service/Request	Is Prior Authorization (PA) required for in-network providers?
Air Ambulance	Yes for nonemergent transport.
Ambulatory Surgery Centers	Yes. All procedures performed in Ambulatory Surgery Centers require PA.
Biofeedback	Yes.
Chiropractic Services	Not a covered benefit.
Circumcision	Routine circumcision is covered without authorization for up to 12 months of age. Medical necessity review is required after 12 months of age.
Dental Services	In-patient facility and anesthesia services require PA from UniCare. Please contact the Kansas Medical Assistance Customer Service Center at 1-800-766-9012 regarding preauthorization of dental services.

Service/Request	Is Prior Authorization (PA) required for in-network providers?
Durable Medical Equipment (DME) and Disposable Supplies, including: Formula/Nutritional Supplements Hearing Aids	<p>Yes—Rental of DME and purchase of custom equipment will require PA review.</p> <p>Providers are required to get prior authorization of the following:</p> <ul style="list-style-type: none"> • Airway clearance vest • Apnea monitors • Catheters • Continuous positive airway pressure/bi-level positive airway pressure devices (CPAP/BIPAP) • Cranial helmets • External infusion pumps • Hearing aids and repairs • Hospital beds and support surfaces • Incontinence garments • Infusion Supplies • Lymphedema pumps • Motorized and manual wheelchairs/scooters • Osteogenesis stimulators • Oxygen therapy • Parenteral/enteral nutrition • Seat lift mechanisms • Specialty wound care • Therapeutic formulas and dietary supplements • Transcutaneous electrical nerve stimulators (TENS) • Wound vacs • Wound Care Supplies (i.e., Alginate and Collagen Dressings) <p>For DME not listed above or any other questions regarding DME, please contact the Utilization Management department at 1-866-408-7107.</p>
Genetic Testing	Yes
Home Health Care Services, including Hospice Care	Yes
Hyperbaric Oxygen Therapy	Yes.
Infusion Therapy, including Chemotherapy	Yes. Please contact PrecisionRx Specialty Solutions at 1-888-662-0944 for more information.
Inpatient Hospital Services (Elective and Emergent Admissions)	<p>Yes.</p> <ul style="list-style-type: none"> • All elective inpatient admissions require PA. • Notify UniCare of emergent admissions within 24 hours or the next business day of inpatient admission. • Routine Vaginal or Cesarean Section deliveries do not require PA unless out of network.
Inpatient Medical Rehabilitation Center	Yes.

Service/Request	Is Prior Authorization (PA) required for in-network providers?				
Labs – Prior Authorization required for all providers	The following labs require PA for all par and non-par providers:				
	81099	82107	82190	83037	83898
	83901	83904	83908	83914	86001
	86817	87904		88184	88185
	88187	88188	88189	88245	88248
	88261	88262	88263	88264	88271
	88272	88273	88274	88275	88280
	88285	88289	88291	88299	88399
Labs – Prior Authorization required for non-par providers	The following labs require PA for non-par providers only:				
	80048	80053	80061	80069	80074
	80076	82105	82962	83876	83951
	86756	87338	87905	88230	88233
	88235	88237	88239	88267	88269
	88283	88361	88360	88358	88741
Mental Health	HealthWave 19 contact 1-800-766-9012 .				
	HealthWave 21 contact Cenpatico at 1-866-896-7293 for referrals and authorization.				
Pharmacy and/or Over-the-Counter (OTC) Products	<p>Certain preferred medications and all nonpreferred medications may require PA through WellPoint NextRx. Please contact 1-877-652-1226 or visit www.unicare.com.</p> <p>Specialty medications, such as Synagis and Botox, will require PA. Please contact PrecisionRx Specialty Solutions at 1-888-662-0944 for more information.</p>				
Physician Services—Referrals to Specialists	Required when referring member to an out-of-network specialist.				
Prosthetics and Orthotics	Yes.				
Radiology Services	Yes, PA is required for all PET/SPECT scans, CTAs, and MRAs.				
	PA is also required for the following:				
	CT/MRI type	Without Contrast	With Contrast	Without/With Contrast	
	CT of Cervical Spine	72125	72126	72127	
	CT of Chest	71250	71260	71270	
	CT of Head	70450	70460	70470	
	CT of Lumbar Spine	72131	72132	72133	
	CT of Orbit/Sella/Outer-Inner-Middle Ear	70480	70481	70482	
	CT of Maxillofacial Area	70486	70487	70488	
	CT of Thoracic Spine	72128	72129	72130	
	MRI of Brain	70551	70552	70553	
	MRI of Cervical Spine	72141	72142	72156	
MRI of Lower Extremity-Joint	73721	73722	73723		
MRI of Lower Extremity-No Joint	73718	73719	73720		

Service/Request	Is Prior Authorization (PA) required for in-network providers?			
MRI of Lumbar Spine	72148	72149	72158	
MRI of Thoracic Spine	72146	72147	72157	
MRI of TMJ	70336			
MRI of Upper Extremity-Joint	73221	73222	73223	
MRI of Orbit, Face and or Neck	70540	70542	70543	
MRI of Chest			71552	
MRI of Pelvis	72195	72196	72197	
MRI of Abdomen	74181	74182	74183	
MRI of Upper Extremity – no Joint	73218	73219	73220	
MRI of Orbit, Face and or Neck	70540	70542	70543	
Angiography, Pulmonary			75746	
Lymphangiography, extremity only			75803	
Venography, caval, superior			75827	
Percutaneous transluminal angioplasty			75966	
Radiologic examination, single plane body section			76100	
Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae			76936	
CT Guidance for stereotactic localization			77011	
Angioplasty				
Dual-Energy Bone Density X-Ray			77080-77082	
	For Radiology codes not listed above or any other questions, please contact the Utilization Management department at 1-866-408-7107 .			
Skilled Nursing Facility Care	Yes.			
Surgery—Inpatient and Outpatient	<p>Yes, All Elective Inpatient Admissions and the following procedures when done as Outpatient require PA.</p> <p>Possible cosmetic (when considered medically necessary):</p> <ul style="list-style-type: none"> • Abdominoplasty • All Rhinoplasties and Septoplasties • Blepharoplasty/Eyebrow Ptosis • Breast Surgery (Reduction, Reconstruction or Augmentation) • Conjunctivoplasty • Facial Reconstructions • Mastectomy for Gynecomastia • Reconstructive Surgeries (i.e., Pectus Excavatum, and Mandibular/Maxillary) • Varicose Vein Stripping/Ligation 			

Service/Request	Is Prior Authorization (PA) required for in-network providers?
	<p>EENT:</p> <ul style="list-style-type: none"> • Cataracts • Cochlear Implants • Laryngoscopy • Nasal endoscopy • Oral surgery • TMJ related surgery • Thyroidectomy • UPPP (Uvulopalatopharyngoplasty) • Bronchoscopy
	<p>Ortho:</p> <ul style="list-style-type: none"> • All Osteotomies, Arthrodesis, Arthroplasties, Internal Fixation, Amputations, Tissue Transfer/Transplant and any Unlisted (generic) Procedures • Acromionectomy • Acromioplasty • Arthroscopy • Arthrotomy • Bone Growth Stimulators • Bunionectomy • Capsulorrhaphy for recurrent dislocation • Claviclectomy • Extracorporeal Shock Wave Therapy (ESWT) or Radiofrequency Ablation for Musculoskeletal Conditions • Functional and Threshold Electrical Stimulation FES and TES –E0745 • Implanted Spinal Cord Stimulators • Nerve Grafts • Ostectomy • Synovectomy

Service/Request	Is Prior Authorization (PA) required for in-network providers?
	<p>Other Procedures/ Surgeries:</p> <ul style="list-style-type: none"> • Adenoidectomy • Adrenalectomy • Allergy Testing (Percutaneous) • Arteriovenous anastomosis • Cardiac Ablations • Cardiac catheterization • Catheter insertion or placement • Cerclage • Cholecystectomy • Colpopexy • Colporrhaphy • Colposcopy • Cordocentesis • Craniectomy • Cystourethroscopy • Diskectomy • Electrophysiology studies • Embolectomy or Thrombectomy • Enterocystoplasty • Hernia repair • Hymenectomy • Hypospadias repair • Hysterectomy including outpatient • Hysteroscopy including with ablations • Insertion of pacemaker, implantable cardioverter, and or defibrillator • Internal fetal monitoring • Laminectomy • Laminotomy • Laparoscopic procedures such as fundoplasty, gastrotomy, enterolysis, colectomy, and colostomy • Lithotripsy • Lymphadenectomy • Lysis of adhesion • Mastoidectomy • Mastotomy • Myomectomy • Myringoplasty • Nephrostolithotomy/Nephrostomy • Neuroplasty • Obesity related procedures (i.e., Bariatric Surgery) • Oophorectomy • Orchiopexy • Pain Management - Paravertebral, Transforaminal and Facet Injections 64470-64484, and epidural injections • Pain Management - Pulsed Radiofrequency (PRF) Treatment-64626 and 64627 • Pyelostolithotomy/Pyelostomy • Radiation Therapy • Retisert Intravitreal Implant • Salpingectomy • Spine surgeries • Stereotactic procedures

Service/Request	Is Prior Authorization (PA) required for in-network providers?
	<ul style="list-style-type: none"> • Thyroid lobectomy • Thyroidectomy • Tonsillectomy • Transendoscopic Therapy • Transurethral destruction of prostate tissue • Tympanoplasty • Ureterolysis • Ureterostomy • Vagal Nerve Stimulator • Vulvectomy • Xenograft Tissue Implants –Tissue Engineered Skin Grafting
	<p>Wound and Skin:</p> <ul style="list-style-type: none"> • Adjacent tissue transfer or rearrangement • Debridement • Excisions • Exploration of wound • Grafts • Incision and drainage of deep abscess • Radical resection of tumor • Wound closure
	<p>All Temporary codes –T and G codes:</p> <ul style="list-style-type: none"> • Surgeries/procedures that are for cosmetic purposes or considered investigational are not covered. <p>Please contact the Utilization Management department at 1-866-408-7107 if questions arise regarding PA needs.</p>
Therapy—Out-Patient	<ul style="list-style-type: none"> • Therapy services provided by a Home Health agency will require PA. • Sensory Integration Therapy will require PA.
Transplant Services	Yes.
Vision Services	For routine eye care, contact the Vision Service Plan (VSP) at 1-800-877-7195 for vision benefits. No PA required for 92015 determination of refractive state.

Please note: the services listed below DO NOT require prior authorization (PA) for in-network providers:

- Dialysis
- Emergency Services -- Notify UniCare of admissions within 24 hours or the next business day of inpatient admission
- Formulary glucometers and nebulizers

- Family Planning/Well Woman Check Up -- Member may self-refer to any Medicaid provider for the following services:
 - Pelvic and breast examinations
 - Lab work
 - Birth Control
 - FDA approved devices and supplies related to family planning (i.e. IUD)
 - HIV/STD screening
- Routine Covered Laboratory Services – An in-network hospital laboratory is to be utilized for all laboratory needs (see list above for lab codes that do require PA).
- Nutritional Counseling – No authorization required for 97802, 97803 and 97804
- Obstetrical Care -- No authorization required for in-network physician visits, routine testing and inpatient delivery
- No PA required for physician referrals if referring member to an in-network specialist for consultation or a nonsurgical course of treatment
- Standard x-rays and ultrasounds
- In-network physical therapy, occupational therapy and speech therapy performed in an outpatient setting.