

## List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	KS	81383	Hla Class II Typing, High Resolution (ie, Alleles Or Allele Groups); One Allele Or Allele Group (Eg, Hla-Dqb1*06:02P), Each
Medicaid	KS	81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each
Medicaid	KS	0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses
Medicaid	KS	0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden
Medicaid	KS	0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy
Medicaid	KS	0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")
Medicaid	KS	0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin
Medicaid	KS	0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative
Medicaid	KS	0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score
Medicaid	KS	0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation
Medicaid	KS	0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma
Medicaid	KS	0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])
Medicaid	KS	0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score
Medicaid	KS	0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin-embedded breast tumor tissue, reported as PIK3CA gene mutation status

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Medicaid	KS	0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)
Medicaid	KS	0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)
Medicaid	KS	0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])
Medicaid	KS	0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative
Medicaid	KS	0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a categorical result (ie, benign, indeterminate, malignant)
Medicaid	KS	0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements
Medicaid	KS	0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)
Medicaid	KS	0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative
Medicaid	KS	0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy
Medicaid	KS	0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling)
Medicaid	KS	0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint)
Medicaid	KS	0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband

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Line of Business	State	Procedure Code	Description
Medicaid	KS	0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants
Medicaid	KS	0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	KS	0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or
Medicaid	KS	0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi
Medicaid	KS	0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi
Medicaid	KS	0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi
Medicaid	KS	0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants
Medicaid	KS	0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marr
Medicaid	KS	0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s
Medicaid	KS	0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch post-digital rectal examination urine (or processed first-catch urine), algorithm reported as per
Medicaid	KS	0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab
Medicaid	KS	0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examinati
Medicaid	KS	0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite insta
Medicaid	KS	0262U	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algori
Medicaid	KS	0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysi
Medicaid	KS	0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions

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Line of Business	State	Procedure Code	Description
Medicaid	KS	0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	KS	0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions
Medicaid	KS	0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	KS	0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile
Medicaid	KS	0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene a
Medicaid	KS	81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain
Medicaid	KS	81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	KS	81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	KS	81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	KS	81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	KS	81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)
Medicaid	KS	81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence
Medicaid	KS	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	KS	81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)
Medicaid	KS	81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)
Medicaid	KS	81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	KS	81210	Braf (V-Raf Murine Sarcoma Viral Oncogene Homolog B1) (Eg, Colon Cancer), Gene Analysis, V600E Variant
Medicaid	KS	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant

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Medicaid	KS	81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant
Medicaid	KS	81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)
Medicaid	KS	81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)
Medicaid	KS	81245	Ft3 (Fms-Related Tyrosine Kinase 3) (Eg, Acute Myeloid Leukemia), Gene Analysis, Internal Tandem Duplication (Itd) Variants (Ie, Exons 14, 15)
Medicaid	KS	81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)
Medicaid	KS	81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence
Medicaid	KS	81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)
Medicaid	KS	81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles
Medicaid	KS	81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)
Medicaid	KS	81208	Bcr/Abl1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Translocation Analysis; Other Breakpoint, Qualitative Or Quantitative
Medicaid	KS	81207	Bcr/Abl1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Translocation Analysis; Minor Breakpoint, Qualitative Or Quantitative
Medicaid	KS	81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)
Medicaid	KS	81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
Medicaid	KS	81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants
Medicaid	KS	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
Medicaid	KS	81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis
Medicaid	KS	81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis
Medicaid	KS	81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis
Medicaid	KS	81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	KS	81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence

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Medicaid	KS	81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
Medicaid	KS	81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis
Medicaid	KS	81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant
Medicaid	KS	81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)
Medicaid	KS	81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative
Medicaid	KS	81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative
Medicaid	KS	81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)
Medicaid	KS	81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	KS	81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)
Medicaid	KS	81310	Npm1 (Nucleophosmin) (Eg, Acute Myeloid Leukemia) Gene Analysis, Exon 12 Variants
Medicaid	KS	81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9,
Medicaid	KS	81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A
Medicaid	KS	81302	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	KS	81299	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	KS	81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	KS	81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)
Medicaid	KS	81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles
Medicaid	KS	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)

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Medicaid	KS	81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)
Medicaid	KS	81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)
Medicaid	KS	81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
Medicaid	KS	81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence
Medicaid	KS	81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	KS	81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)
Medicaid	KS	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant
Medicaid	KS	81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)
Medicaid	KS	81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)
Medicaid	KS	81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant
Medicaid	KS	81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)
Medicaid	KS	81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score
Medicaid	KS	81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score
Medicaid	KS	81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue,
Medicaid	KS	81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis
Medicaid	KS	81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score
Medicaid	KS	81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET),

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Medicaid	KS	81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2
Medicaid	KS	81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2
Medicaid	KS	81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed
Medicaid	KS	81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1,
Medicaid	KS	81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed
Medicaid	KS	81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP
Medicaid	KS	81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)
Medicaid	KS	81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed
Medicaid	KS	81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1
Medicaid	KS	S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)
Medicaid	KS	S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability
Medicaid	KS	S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mu
Medicaid	KS	S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy

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Medicaid	KS	S3861	Genetic testing, sodium channel, voltage-gated, Type V, alpha subunit (SCN5A) and variants for suspected brugada syndrom
Medicaid	KS	S3854	Gene expression profiling panel for use in the management of breast cancer treatment
Medicaid	KS	S3850	Genetic testing for sickle cell anemia
Medicaid	KS	S3849	Genetic testing for niemann-pick disease
Medicaid	KS	S3846	Genetic testing for hemoglobin e beta-thalassemia
Medicaid	KS	S3845	Genetic testing for alpha-thalassemia
Medicaid	KS	S3842	Genetic testing for von hippel-lindau disease
Medicaid	KS	S3840	DNA analysis for germline mutations of the ret proto-oncogene
Medicaid	KS	81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination
Medicaid	KS	81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)
Medicaid	KS	0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)
Medicaid	KS	0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents
Medicaid	KS	0478U	MiroTract Wound Matrix sheet, per cc
Medicaid	KS	0481U	Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month
Medicaid	KS	0400U	Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis and multiplex ligationdependent probe amplification, DNA, reported as carrie
Medicaid	KS	0401U	Cardiology (coronary heart disease [CAD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a
Medicaid	KS	0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as
Medicaid	KS	0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex r
Medicaid	KS	0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically s
Medicaid	KS	0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic predict
Medicaid	KS	0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider

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Line of Business	State	Procedure Code	Description
Medicaid	KS	0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicaid	KS	0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicaid	KS	0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicaid	KS	0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicaid	KS	0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicaid	KS	0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis
Medicaid	KS	0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score
Medicaid	KS	0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood
Medicaid	KS	0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score
Medicaid	KS	0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score
Medicaid	KS	0488U	Obstetrics (fetal antigen noninvasive prenatal test), cell-free DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected
Medicaid	KS	0506U	Injection, midazolam in 0.8% sodium chloride, intravenous, not therapeutically equivalent to J2250, 1 mg
Medicaid	KS	0500U	Injection, donanemab-azbt, 2 mg
Medicaid	KS	0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffin-embedded (FFPE) tissue, next-generation sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection
Medicaid	KS	0498U	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only
Medicaid	KS	0494U	Red blood cell antigen (fetal RhD gene analysis), next-generation sequencing of circulating cell-free DNA (cfDNA) of blood in pregnant individuals known to be RhD negative, reported as positive or negative

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Line of Business	State	Procedure Code	Description
Medicaid	KS	0489U	Obstetrics (single-gene noninvasive prenatal test), cell-free DNA sequence analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants, and relative mutation-dosage analysis based on molecular counts to determine fetal inheritance of maternal mutation, algorithm reported as a fetal risk score for the condition (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia)
Medicaid	KS	81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)
Medicaid	KS	81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	KS	81242	Fancc (Fanconi Anemia, Complementation Group C) (Eg, Fanconi Anemia, Type C) Gene Analysis, Common Variant (Eg, lvs4+4A>T)
Medicaid	KS	81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence
Medicaid	KS	81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities
Medicaid	KS	81224	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Intron 8 Poly-T Analysis (Eg, Male Infertility)
Medicaid	KS	81223	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Full Gene Sequence
Medicaid	KS	81222	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Duplication/Deletion Variants
Medicaid	KS	81221	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Known Familial Variants
Medicaid	KS	81209	Blm (Bloom Syndrome, Recq Helicase-Like) (Eg, Bloom Syndrome) Gene Analysis, 2281Del6Ins7 Variant
Medicaid	KS	81205	Bckdhhb (Branched-Chain Keto Acid Dehydrogenase E1, Beta Polypeptide) (Eg, Maple Syrup Urine Disease) Gene Analysis, Common Variants (Eg, R183P, G278S, E422X)
Medicaid	KS	81200	Aspa (Aspartoacylase) (Eg, Canavan Disease) Gene Analysis, Common Variants (Eg, E285A, Y231X)
Medicaid	KS	81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)
Medicaid	KS	81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence
Medicaid	KS	81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
Medicaid	KS	81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence
Medicaid	KS	81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)
Medicaid	KS	81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles

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Line of Business	State	Procedure Code	Description
Medicaid	KS	81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	KS	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	KS	81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis
Medicaid	KS	81290	Mcoln1 (Mucolipin 1) (Eg, Mucopolipidosis, Type Iv) Gene Analysis, Common Variants (Eg, Ivs3-2A>G, Del6.4Kb)
Medicaid	KS	81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)
Medicaid	KS	81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)
Medicaid	KS	81243	Fmr1 (Fragile X Mental Retardation 1) (Eg, Fragile X Mental Retardation) Gene Analysis; Evaluation To Detect Abnormal (Eg, Expanded) Alleles
Medicaid	KS	81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence
Medicaid	KS	81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants
Medicaid	KS	81264	Igk@ (Immunoglobulin Kappa Light Chain Locus) (Eg, Leukemia And Lymphoma, B-Cell), Gene Rearrangement Analysis, Evaluation To Detect Abnormal Clonal Population(S)
Medicaid	KS	81263	Igh@ (Immunoglobulin Heavy Chain Locus) (Eg, Leukemia And Lymphoma, B-Cell), Variable Region Somatic Mutation Analysis
Medicaid	KS	81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)
Medicaid	KS	81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence
Medicaid	KS	81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant
Medicaid	KS	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)
Medicaid	KS	81256	Hfe (Hemochromatosis) (Eg, Hereditary Hemochromatosis) Gene Analysis, Common Variants (Eg, C282Y, H63D)
Medicaid	KS	81255	Hexa (Hexosaminidase A [Alpha Polypeptide]) (Eg, Tay-Sachs Disease) Gene Analysis, Common Variants (Eg, 1278Instatc, 1421+1G>C, G269S)
Medicaid	KS	81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])
Medicaid	KS	81251	Gba (Glucosidase, Beta, Acid) (Eg, Gaucher Disease) Gene Analysis, Common Variants (Eg, N370S, 84Gg, L444P, Ivs2+1G>A)

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Line of Business	State	Procedure Code	Description
Medicaid	KS	81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)
Medicaid	KS	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence
Medicaid	KS	81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1
Medicaid	KS	81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)
Medicaid	KS	81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)
Medicaid	KS	81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)
Medicaid	KS	81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence
Medicaid	KS	81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass
Medicaid	KS	81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)
Medicaid	KS	81342	Trg@ (T Cell Antigen Receptor, Gamma) (Eg, Leukemia And Lymphoma), Gene Rearrangement Analysis, Evaluation To Detect Abnormal Clonal Population(S)
Medicaid	KS	81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)
Medicaid	KS	81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)
Medicaid	KS	81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)
Medicaid	KS	81330	Smpd1(Sphingomyelin Phosphodiesterase 1, Acid Lysosomal) (Eg, Niemann-Pick Disease, Type A) Gene Analysis, Common Variants (Eg, R496L, L302P, Fsp330)
Medicaid	KS	81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)
Medicaid	KS	81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis
Medicaid	KS	81304	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	KS	81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype
Medicaid	KS	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4

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Line of Business	State	Procedure Code	Description
Medicaid	KS	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8
Medicaid	KS	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7
Medicaid	KS	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6
Medicaid	KS	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5
Medicaid	KS	S3841	Genetic testing for retinoblastoma
Medicaid	KS	S3844	DNA analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness
Medicaid	KS	81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score
Medicaid	KS	81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis
Medicaid	KS	81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score
Medicaid	KS	0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)
Medicaid	KS	0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi
Medicaid	KS	0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi
Medicaid	KS	0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities
Medicaid	KS	0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile ele
Medicaid	KS	0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	KS	0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index
Medicaid	KS	0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)
Medicaid	KS	0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)

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Line of Business	State	Procedure Code	Description
Medicaid	KS	0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma
Medicaid	KS	0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and urine, algorithms to predict high-grade prostate cancer risk
Medicaid	KS	0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)
Medicaid	KS	0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)
Medicaid	KS	0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)
Medicaid	KS	0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)
Medicaid	KS	0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)
Medicaid	KS	0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant
Medicaid	KS	0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)
Medicaid	KS	0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes
Medicaid	KS	0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 gene
Medicaid	KS	0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/multiplication) (List separately in addition to code for primary procedure)
Medicaid	KS	0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)
Medicaid	KS	0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)
Medicaid	KS	0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to pr
Medicaid	KS	0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis

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Medicaid	KS	0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements
Medicaid	KS	0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)
Medicaid	KS	0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and imp
Medicaid	KS	0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes
Medicaid	KS	0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication ana
Medicaid	KS	0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patien
Medicaid	KS	0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement
Medicaid	KS	0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number a
Medicaid	KS	0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes
Medicaid	KS	0356U	Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence
Medicaid	KS	0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected
Medicaid	KS	0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication an
Medicaid	KS	0409U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number a
Medicaid	KS	0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected
Medicaid	KS	0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype

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Line of Business	State	Procedure Code	Description
Medicaid	KS	0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication ana
Medicaid	KS	0485U	Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden
Medicaid	KS	0477U	MicroMatrix Flex, per mg
Medicaid	KS	0476U	MatriDerm, per sq cm
Medicaid	KS	0507U	Injection, midazolam (Seizalam), 1 mg
Medicaid	KS	0496U	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories
Medicaid	KS	0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability
Medicaid	KS	0486U	Oncology (pan-solid tumor), next-generation sequencing analysis of tumor methylation markers present in cell-free circulating tumor DNA, algorithm reported as quantitative measurement of methylation as a correlate of tumor fraction
Medicaid	KS	81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed
Medicaid	KS	81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection
Medicaid	KS	0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling)
Medicaid	KS	0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband
Medicaid	KS	81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	KS	81206	Bcr/Abl1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Translocation Analysis; Major Breakpoint, Qualitative Or Quantitative
Medicaid	KS	81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants

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Line of Business	State	Procedure Code	Description
Medicaid	KS	81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	KS	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
Medicaid	KS	81298	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	KS	81331	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A) (Eg, Prader-Willi Syndrome And/Or Angelman Syndrome), Methylation Analysis
Medicaid	KS	81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	KS	81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	KS	81300	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	KS	81270	Jak2 (Janus Kinase 2) (Eg, Myeloproliferative Disorder) Gene Analysis, P.Val617Phe (V617F) Variant
Medicaid	KS	81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant
Medicaid	KS	81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	KS	81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	KS	81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)
Medicaid	KS	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants
Medicaid	KS	81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2
Medicaid	KS	81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)
Medicaid	KS	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)

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Medicaid	KS	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10
Medicaid	KS	81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)
Medicaid	KS	81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)
Medicaid	KS	81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)
Medicaid	KS	81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)
Medicaid	KS	81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *4, *8, *17)
Medicaid	KS	81380	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Locus (Eg, Hla-A, -B, Or -C), Each
Medicaid	KS	81381	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Allele Or Allele Group (Eg, B*57:01P), Each
Medicaid	KS	81350	Ugt1A1 (Udp Glucuronosyltransferase 1 Family, Polypeptide A1) (Eg, Irinotecan Metabolism), Gene Analysis, Common Variants (Eg, *28, *36, *37)
Medicaid	KS	81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)
Medicaid	KS	81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)
Medicaid	KS	81291	Mthfr (5,10-Methylenetetrahydrofolate Reductase) (Eg, Hereditary Hypercoagulability) Gene Analysis, Common Variants (Eg, 677T, 1298C)
Medicaid	KS	81241	F5 (Coagulation Factor V) (Eg, Hereditary Hypercoagulability) Gene Analysis, Leiden Variant
Medicaid	KS	81240	F2 (Prothrombin, Coagulation Factor II) (Eg, Hereditary Hypercoagulability) Gene Analysis, 20210G>A Variant
Medicaid	KS	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2
Medicaid	KS	0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspa
Medicaid	KS	0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separ
Medicaid	KS	0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)
Medicaid	KS	0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)
Medicaid	KS	81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion an
Medicaid	KS	S3852	DNA analysis for apoe epsilon 4 allele for susceptibility to Alzheimer's disease
Medicaid	KS	G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)

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Medicaid	KS	0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service
Medicaid	KS	81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed
Medicaid	KS	81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)
Medicaid	KS	81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)
Medicaid	KS	0391U	Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleoti
Medicaid	KS	0497U	Accessory for speech generating device, electromyographic sensor
Medicaid	KS	81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant
Medicaid	KS	81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	KS	81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)
Medicaid	KS	81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)
Medicaid	KS	81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)
Medicaid	KS	81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis
Medicaid	KS	S3853	Genetic testing for myotonic muscular dystrophy
Medicaid	KS	81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])
Medicaid	KS	0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score
Medicaid	KS	0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status
Medicaid	KS	0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement

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Line of Business	State	Procedure Code	Description
Medicaid	KS	0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])
Medicaid	KS	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	KS	81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9
Medicaid	KS	81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53
Medicaid	KS	0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	KS	88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)
Medicaid	KS	81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)
Medicaid	KS	81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	KS	81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)
Medicaid	KS	0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma
Medicaid	KS	0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness
Medicaid	KS	0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if
Medicaid	KS	0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	KS	0516U	Receptor sole for use with L8720, replacement, each
Medicaid	KS	0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes

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Line of Business	State	Procedure Code	Description
Medicaid	KS	0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient specific panel for
Medicaid	KS	0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and struct
Medicaid	KS	0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements
Medicaid	KS	81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant
Medicaid	KS	81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)
Medicaid	KS	0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA
Medicaid	KS	81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence
Medicaid	KS	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9
Medicaid	KS	81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis
Medicaid	KS	81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)
Medicaid	KS	81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	KS	81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	KS	0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations
Medicaid	KS	81250	G6Pc (Glucose-6-Phosphatase, Catalytic Subunit) (Eg, Glycogen Storage Disease, Type 1A, Von Gierke Disease) Gene Analysis, Common Variants (Eg, R83C, Q347X)
Medicaid	KS	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence
Medicaid	KS	0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)
Medicaid	KS	0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded
Medicaid	KS	81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3
Medicaid	KS	81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported

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Line of Business	State	Procedure Code	Description
Medicaid	KS	81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	KS	81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL
Medicaid	KS	81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1
Medicaid	KS	81275	Kras (V-Ki-Ras2 Kirsten Rat Sarcoma Viral Oncogene) (Eg, Carcinoma) Gene Analysis, Variants In Codons 12 And 13
Medicaid	KS	0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis
Medicaid	KS	0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue
Medicaid	KS	0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage
Medicaid	KS	Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	KS	S5160	Emergency Response System, Installation And Testing
Medicaid	KS	S5190	Wellness Assessment, Performed By Non-Physician
Medicaid	KS	H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
Medicaid	KS	H0035	Mental health partial hospitalization, treatment, less than 24 hours
Medicaid	KS	Q5158	Injection, denosumab-bnht (Bomynta/Conexence), biosimilar, 1 mg
Medicaid	KS	L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
Medicaid	KS	S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero
Medicaid	KS	T1031	Nursing Care, In The Home, By Licensed Practical Nurse, Per Diem
Medicaid	KS	T1505	Electronic medication compliance management device, includes all components and accessories, not otherwise classified
Medicaid	KS	T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes
Medicaid	KS	L5814	Endo Knee-Shin Hydral Swg Ph
Medicaid	KS	15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
Medicaid	KS	0782T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic
Medicaid	KS	J2358	Injection, olanzapine, long-acting, 1 mg

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Medicaid	KS	J2356	Injection, tezepelumab-ekko, 1 mg
Medicaid	KS	Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	KS	J3055	Injection, talquetamab-tgvs, 0.25 mg
Medicaid	KS	J9033	Injection, bendamustine HCl (Treanda), 1 mg
Medicaid	KS	J1558	Injection, immune globulin (xembify), 100 mg
Medicaid	KS	J3032	Injection, eptinezumab-jjmr, 1 mg
Medicaid	KS	Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use
Medicaid	KS	J8655	Netupitant 300 mg and palonosetron 0.5 mg, oral
Medicaid	KS	J2783	Injection, rasburicase, 0.5 mg
Medicaid	KS	90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
Medicaid	KS	J9119	Injection, cemiplimab-rwlc, 1 mg
Medicaid	KS	J9266	Injection, pegaspargase, per single dose vial
Medicaid	KS	J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg
Medicaid	KS	Q4102	Oasis wound matrix, per square centimeter
Medicaid	KS	Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm
Medicaid	KS	37785	Ligation/Division/Excision, Recurrent Varicose Veins, One Leg
Medicaid	KS	37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery
Medicaid	KS	75894	Transcatheter Therapy, Embolization, Any Method, Radiological S&I
Medicaid	KS	0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed
Medicaid	KS	0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles
Medicaid	KS	E2217	Manual wheelchair accessory, foam filled caster tire, any size, each
Medicaid	KS	E2323	Power wheelchair accessory, specialty joystick handle for hand control
Medicaid	KS	E2610	Powered w/c cushion
Medicaid	KS	E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining
Medicaid	KS	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
Medicaid	KS	A0431	Rotary Wing Air Transport
Medicaid	KS	A2027	Artacent Trident, per sq cm
Medicaid	KS	L0999	Add To Spinal Orthosis Nos
Medicaid	KS	L1200	Furnsh Initial Orthosis Only
Medicaid	KS	Q4149	Excellagen, 0.1 cc
Medicaid	KS	Q4153	Dermavest, per square centimeter
Medicaid	KS	Q4214	Cellesta cord, per square centimeter

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Medicaid	KS	Q4263	Surgraft tl, per square centimeter
Medicaid	KS	Q4284	Dermabind sl, per square centimeter
Medicaid	KS	Q4312	Acesso AC, per sq cm
Medicaid	KS	Q4315	RegenLink Amniotic Membrane Allograft, per sq cm
Medicaid	KS	Q4318	E-Graft, per sq cm
Medicaid	KS	Q4329	Singlay, per sq cm
Medicaid	KS	Q4330	TOTAL, per sq cm
Medicaid	KS	Q4340	SimpliGraft, per sq cm
Medicaid	KS	S9338	Home infusion therapy, immunotherapy therapy
Medicaid	KS	T1021	Home Health Aide Or Certified Nurse Assistant, Per Visit
Medicaid	KS	T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit
Medicaid	KS	S9128	Speech Therapy, In The Home
Medicaid	KS	92623	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code fo
Medicaid	KS	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	KS	0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only
Medicaid	KS	0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)
Medicaid	KS	47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy
Medicaid	KS	56800	Plastic Repair, Introitus
Medicaid	KS	61863	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; First Array
Medicaid	KS	61864	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; ea addl Array
Medicaid	KS	61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with co
Medicaid	KS	38232	Bone Marrow Harvesting For Transplantation; Autologous
Medicaid	KS	32854	Lung Transplant, Double (Bilat Sequential/En Bloc); W/Cardiopulmonary Bypass
Medicaid	KS	33975	Insertion, Ventricular Assist Device; Extracorporeal, Single Ventricle
Medicaid	KS	15840	Graft, Facial Nerve Paralysis; Free Fascia Graft (W/Obtaining Fascia)
Medicaid	KS	J9322	Injection, pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg
Medicaid	KS	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	KS	A9590	Iodine I-131, iobenguane, 1 mCi
Medicaid	KS	J9281	Mitomycin pyelocalyceal instillation, 1 mg
Medicaid	KS	J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg
Medicaid	KS	Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg
Medicaid	KS	Q9999	Injection, ustekinumab-aaaz (Otulfi), biosimilar, 1 mg
Medicaid	KS	64865	Suture, Facial Nerve; Infratemporal, W/Wo Grafting
Medicaid	KS	64868	Anastomosis; Facial-Hypoglossal

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Medicaid	KS	J0870	Injection, imetelstat, 1 mg
Medicaid	KS	J1552	Injection, immune globulin (alyglo), 500 mg
Medicaid	KS	E2506	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.
Medicaid	KS	E8002	Anterior gait trainer
Medicaid	KS	E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating Syst
Medicaid	KS	A9278	Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)
Medicaid	KS	S5125	Attendant Care Services, Per 15 Minutes
Medicaid	KS	S5151	Unskilled Respite Care, Not Hospice, Per Diem
Medicaid	KS	S9482	Family stabilization 15 min
Medicaid	KS	T1019	Personal Care Services, Per 15 Minutes, Not For An Inpatient Or Reside
Medicaid	KS	T2038	Community transition, waiver; per service
Medicaid	KS	H2012	Behavioral health day treatment, per hour
Medicaid	KS	36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk
Medicaid	KS	15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
Medicaid	KS	17108	Destruction, Cutaneous Vascular Proliferative Lesions; > 50.0 Sq Cm
Medicaid	KS	A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi
Medicaid	KS	J9286	Injection, glofitamab-gxbm, 2.5 mg
Medicaid	KS	J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg
Medicaid	KS	Q5152	Injection, eculizumab-aeab (Bkernv), biosimilar, 2 mg
Medicaid	KS	J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq
Medicaid	KS	44135	Intestinal Allotransplantation; From Cadaver Donor
Medicaid	KS	48556	Removal, Transplanted Pancreatic Allograft
Medicaid	KS	E0692	Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer An
Medicaid	KS	E0250	Hosp Bed Fixed Ht W/ Mattres
Medicaid	KS	C1787	Patient programmer, neurostimulator
Medicaid	KS	C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads
Medicaid	KS	A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply
Medicaid	KS	99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session
Medicaid	KS	J2820	Sargramostim Injection
Medicaid	KS	97116	Therapeutic Proc, 1+ Areas, Each 15 Min; Gait Training (W/Stair Climbing)
Medicaid	KS	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
Medicaid	KS	E2511	Speech generating software program, for personal computer or personal digital assistant
Medicaid	KS	81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)
Medicaid	KS	E0935	Continuous passive motion exercise device for use on knee only
Medicaid	KS	E1084	Hemi-Wheelchair Detachable A
Medicaid	KS	E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less
Medicaid	KS	0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography an

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Line of Business	State	Procedure Code	Description
Medicaid	KS	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	KS	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	KS	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
Medicaid	KS	97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
Medicaid	KS	97750	Physical Performance Test, W/Written Report, Each 15 Min
Medicaid	KS	0513T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)
Medicaid	KS	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)
Medicaid	KS	L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
Medicaid	KS	L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
Medicaid	KS	S2053	Transplantation Of Small Int
Medicaid	KS	S2117	Arthroereisis, subtalar
Medicaid	KS	K0007	Extra Heavy Duty Wheelchair
Medicaid	KS	L5828	Endo Knee-Shin Fluid Swg/Sta
Medicaid	KS	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg
Medicaid	KS	J9027	Injection, clofarabine, 1 mg
Medicaid	KS	J8670	Rolapitant, oral, 1 mg
Medicaid	KS	J9177	Injection, enfortumab vedotin-efyv, 0.25 mg
Medicaid	KS	J9205	Injection, irinotecan liposome, 1 mg
Medicaid	KS	Q4154	Biovance, per square centimeter
Medicaid	KS	Q4186	Epifix, per sq cm
Medicaid	KS	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH
Medicaid	KS	E2609	Custom fabricate w/c cushion
Medicaid	KS	E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
Medicaid	KS	E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
Medicaid	KS	88112	Cytopathology, Selective Cellular Enhancement Technique with Interpretation, Except Cervical or Vaginal
Medicaid	KS	0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, in

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Line of Business	State	Procedure Code	Description
Medicaid	KS	81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)
Medicaid	KS	S9563	Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs a
Medicaid	KS	L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only
Medicaid	KS	E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
Medicaid	KS	E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
Medicaid	KS	J9218	Leuprolide Acetate Injeciton
Medicaid	KS	E2327	Power wheelchair accessory, head control interface, mechanical, proportional
Medicaid	KS	E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional
Medicaid	KS	E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional
Medicaid	KS	E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type
Medicaid	KS	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	KS	Q4118	Matristem micromatrix, 1 mg
Medicaid	KS	Q4166	Cytal, per square centimeter
Medicaid	KS	Q4178	FlowerAmnioPatch, per sq cm
Medicaid	KS	Q4195	PuraPly, per sq cm
Medicaid	KS	Q4226	MyOwn skin, includes harvesting and preparation procedures, per square centimeter
Medicaid	KS	Q4251	Vim, per sq cm
Medicaid	KS	Q4299	Amnicore pro+, per square centimeter
Medicaid	KS	Q4255	Reguard, for topical use only, per square centimeter
Medicaid	KS	Q4267	Neostim dl, per square centimeter
Medicaid	KS	Q4293	Acesso dl, per square centimeter
Medicaid	KS	Q4294	Amnio quad-core, per square centimeter
Medicaid	KS	Q4333	ArdeoGraft, per sq cm
Medicaid	KS	Q4343	Dermacyte AC Matrix Amniotic Membrane Allograft, per sq cm
Medicaid	KS	S9122	Home health aide or certified nurse assistant, providing care in the home; per hour
Medicaid	KS	S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
Medicaid	KS	S0315	Disease Management Program, Initial Assessment And Initiation Of Program
Medicaid	KS	S0316	Disease Management Program, Followup Assessment
Medicaid	KS	21193	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/O Bone Graft
Medicaid	KS	A2002	Mirragen advanced wound matrix, per square centimeter
Medicaid	KS	A2020	Ac5 advanced wound system (ac5)

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Line of Business	State	Procedure Code	Description
Medicaid	KS	C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per sq cm
Medicaid	KS	E0769	Electric wound treatment dev
Medicaid	KS	G0088	Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 min
Medicaid	KS	S0317	Disease management program; per diem
Medicaid	KS	T2029	Specialized medical equipment, not otherwise specified, waiver
Medicaid	KS	H2021	Community-based wrap-around services, per 15 minutes
Medicaid	KS	43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastropasty (ESG), including argon plasma coagulation, when performed
Medicaid	KS	E2402	Negative pressure wound therapy electrical pump, stationary or portable
Medicaid	KS	E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System
Medicaid	KS	E1250	Wheelchair Lightwt Fixed Arm
Medicaid	KS	E1285	Wheelchair Heavy Duty Fixed
Medicaid	KS	E0256	Hospital Bed Var Ht W/O Matt
Medicaid	KS	E0290	Hosp Bed Fx Ht W/O Rails W/M
Medicaid	KS	33141	Transmyocardial Laser Revascularization, By Thoracotomy; Performed W/Other Open Cardiac Proc
Medicaid	KS	15782	Dermabrasion; Regional, Other Than Face
Medicaid	KS	15792	Chemical Peel, Nonfacial; Epidermal
Medicaid	KS	21083	Impression & Custom Preparation; Palatal Lift Prosthesis
Medicaid	KS	21255	Reconstruction, Zygomatic Arch/Glenoid Fossa W/Bone & Cartilage (Includes Obtaining Autografts)
Medicaid	KS	0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)
Medicaid	KS	J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose
Medicaid	KS	J9323	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg
Medicaid	KS	Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg
Medicaid	KS	64864	Suture, Facial Nerve; Extracranial
Medicaid	KS	J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose
Medicaid	KS	47143	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; Without Trisegment Or Lobe Split
Medicaid	KS	50323	Backbench Standard Preparation Of Cadaver Donor Renal Allograft
Medicaid	KS	50547	Laparoscopy, Surgical; Donor Nephrectomy, Living Donor W/O Allograft Prep & Maintenance
Medicaid	KS	0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field
Medicaid	KS	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

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Line of Business	State	Procedure Code	Description
Medicaid	KS	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
Medicaid	KS	0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only
Medicaid	KS	G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
Medicaid	KS	G0283	Electrical Stimulation (Unattended), To One Or More Areas For Indicati
Medicaid	KS	G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15
Medicaid	KS	J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
Medicaid	KS	J1438	Etanercept Injection
Medicaid	KS	J2323	Imjection, natalizumab, 1 mg
Medicaid	KS	J2327	Injection, risankizumab-rzaa, intravenous, 1 mg
Medicaid	KS	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
Medicaid	KS	L5535	Preparatory, below knee PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket
Medicaid	KS	L5649	Addition to lower extremity, ischial containment/narrow M-L socket
Medicaid	KS	L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
Medicaid	KS	J0401	Injection, aripiprazole, extended release, 1 mg
Medicaid	KS	J2786	Injection, reslizumab, 1 mg
Medicaid	KS	J1950	Leuprolide Acetate /3.75 Mg
Medicaid	KS	J9217	Leuprolide Acetate Suspnsion
Medicaid	KS	J1302	Injection, sutimlimab-jome, 10 mg
Medicaid	KS	J0202	Injection, alemtuzumab, 1 mg
Medicaid	KS	J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg
Medicaid	KS	Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram
Medicaid	KS	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
Medicaid	KS	15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
Medicaid	KS	Q4151	Amnioband or guardian, per square centimeter
Medicaid	KS	Q4158	Kerecis Omega3, per sq cm
Medicaid	KS	Q4160	Nushield, per square centimeter
Medicaid	KS	0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic
Medicaid	KS	20205	Bx, Muscle; Deep
Medicaid	KS	37780	Ligation & Division, Short Saphenous Vein, Saphenopopliteal Junction
Medicaid	KS	L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)

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Line of Business	State	Procedure Code	Description
Medicaid	KS	E1296	Wheelchair Special Seat Heig
Medicaid	KS	E1298	Wheelchair Spec Seat Depth/W
Medicaid	KS	E2310	Power wheelchair accessory, electronic connection between wheelchair controller
Medicaid	KS	E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only,
Medicaid	KS	H2014	Skills training and development, per 15 minutes
Medicaid	KS	0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed
Medicaid	KS	E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each
Medicaid	KS	E2605	Position wc cush wtdh <22 in
Medicaid	KS	L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device
Medicaid	KS	L6935	Below Elbow Myoelectronic Ct
Medicaid	KS	L3000	Ft Insert Ucb Berkeley Shell
Medicaid	KS	L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC ONTROLLED, PEDIATRIC
Medicaid	KS	Q4117	Hyalomatrix, per square centimeter
Medicaid	KS	Q4169	Artacent wound, per square centimeter
Medicaid	KS	Q4177	FlowerAmnioFlo, 0.1 cc
Medicaid	KS	Q4146	Tensix, per square centimeter
Medicaid	KS	Q4202	Keroxx (2.5g/cc), 1cc
Medicaid	KS	Q4230	Cogenex Flowable Amnion, per 0.5 cc
Medicaid	KS	Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm
Medicaid	KS	Q4253	Zenith Amniotic Membrane, per sq cm
Medicaid	KS	Q4303	Complete aa, per square centimeter
Medicaid	KS	Q4257	Relese, per sq cm
Medicaid	KS	Q4262	Dual layer impax membrane, per square centimeter
Medicaid	KS	Q4265	Neostim tl, per square centimeter
Medicaid	KS	S9460	Diabetic Management Program
Medicaid	KS	42145	Palatopharyngoplasty
Medicaid	KS	C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 cm length
Medicaid	KS	E0761	Non-Thermal Pulsed High Frequency Radiowaves, High Peak Power Electrom
Medicaid	KS	64417	Injection, Anesthetic Agent; Axillary Nerve
Medicaid	KS	H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
Medicaid	KS	S5185	Medication Reminder Services, No Face To Face, Per Month
Medicaid	KS	T2016	Habilitation, residential, waiver; per diem
Medicaid	KS	E0942	Cervical Head Harness/Halter
Medicaid	KS	J1437	Injection, ferric derisomaltose, 10 mg
Medicaid	KS	T2048	Behavioral health; long-term care residential (non-acute care in a residential program, per diem
Medicaid	KS	T2021	Day habilitation, waiver; per 15 minutes
Medicaid	KS	S5150	Unskilled Respite Care, Not Hospice, Per 15 Minutes

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Line of Business	State	Procedure Code	Description
Medicaid	KS	C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel
Medicaid	KS	H0045	Respite care services, not in the home, per diem
Medicaid	KS	J0570	Buprenorphine implant, 74.2 mg
Medicaid	KS	T2039	Vehicle modifications, waiver; per service
Medicaid	KS	T2040	Financial management, self-directed, waiver; per 15 minutes
Medicaid	KS	H0022	Alcohol and/or drug intervention service (planned facilitation)
Medicaid	KS	T2025	Waiver services; not otherwise specified (nos)
Medicaid	KS	S5135	Companion Care, Adult, Per 15 Minutes
Medicaid	KS	S5161	Emergency Response System, Service Fee Per Month
Medicaid	KS	S5165	Home Modifications, Per Service
Medicaid	KS	H0014	Alcohol and/or drug services; ambulatory detoxification
Medicaid	KS	J0567	Injection, cerliponase alfa, 1 mg
Medicaid	KS	L0810	Halo Cervical Into Jckt Vest
Medicaid	KS	S5101	Day Care Services, Adult, Per Half Day
Medicaid	KS	S5102	Day Care Services, Adult, Per Diem
Medicaid	KS	J9999	NOC, antineoplastic drug
Medicaid	KS	S5170	Home Delivered Meals, Including Preparation, Per Meal
Medicaid	KS	Q0515	Injection, sermorelin acetate, 1 mcg
Medicaid	KS	E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
Medicaid	KS	L6100	Elb Mold Sock Flex Hinge Pad
Medicaid	KS	T1005	Respite care services, up to 15 minutes
Medicaid	KS	T1027	Family Training And Counseling For Child Development, Per 15 Minutes
Medicaid	KS	H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem
Medicaid	KS	S9480	Intensive Outpatient Psychia
Medicaid	KS	S5121	Home Care Training, Family, Per Diem/TX LTC Pest Control
Medicaid	KS	H2023	Supported employment, per 15 minutes
Medicaid	KS	J3590	Unclassified Biologics
Medicaid	KS	C9399	Unclassified Drugs Or Biologics
Medicaid	KS	J3490	Unclassified drugs
Medicaid	KS	J0013	Esketamine, nasal spray, 1 mg
Medicaid	KS	0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only
Medicaid	KS	0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing
Medicaid	KS	0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)
Medicaid	KS	0520T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode

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Line of Business	State	Procedure Code	Description
Medicaid	KS	G0465	Autologous platelet rich plasma (PRP) for diabetic chronic wounds/ulcers, using an FDA-cleared device (includes administration, dressings, phlebotomy, centrifugation, and all
Medicaid	KS	H2015	Comprehensive community support services, per 15 minutes
Medicaid	KS	J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes
Medicaid	KS	J3403	Revakinagene taroretcel-lwey, per implant
Medicaid	KS	E1399	Durable medical equipment, miscellaneous
Medicaid	KS	E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver
Medicaid	KS	E2351	Power wheelchair accessory, electronic interface to operate speech generating device
Medicaid	KS	E2500	Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less
Medicaid	KS	E2502	Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.
Medicaid	KS	E2504	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.
Medicaid	KS	E2508	Speech generating device, synthesized speech, requiring message formulation by spelling
Medicaid	KS	E2510	Speech generating device, synthesized speech, permitting multiple methods
Medicaid	KS	E2512	Accessory for speech generating device, mounting system
Medicaid	KS	E8001	Upright gait trainer
Medicaid	KS	G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
Medicaid	KS	G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
Medicaid	KS	G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
Medicaid	KS	G0156	Services Of Home Health/Hospice Aide In Home Health Or Hospice Settings, Each 15 Minutes
Medicaid	KS	G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
Medicaid	KS	G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
Medicaid	KS	G0176	Opps/Php;Activity Therapy
Medicaid	KS	G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
Medicaid	KS	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
Medicaid	KS	G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes
Medicaid	KS	81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence
Medicaid	KS	81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)
Medicaid	KS	81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis
Medicaid	KS	81355	Vkorc1 (Vitamin K Epoxide Reductase Complex, Subunit 1) (Eg, Warfarin Metabolism), Gene Analysis, Common Variants (Eg, -1639/3673)
Medicaid	KS	81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)

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Line of Business	State	Procedure Code	Description
Medicaid	KS	E0860	Tract Equip Cervical Tract
Medicaid	KS	E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE
Medicaid	KS	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To An
Medicaid	KS	E1050	Whelchr Fxd Full Length Arms
Medicaid	KS	E1083	Hemi-wheelchair, fixed full-length arms, swing-away, detachable elevating legrest
Medicaid	KS	E1085	Hemi-Wheelchair Fixed Arms
Medicaid	KS	E1086	Hemi-Wheelchair Detachable A
Medicaid	KS	E1087	Wheelchair Lightwt Fixed Arm
Medicaid	KS	E1090	Wheelchair Lightweight Det A
Medicaid	KS	E1110	Wheelchair Semi-Recl Detach
Medicaid	KS	E1161	Manual Adult Size Wheelchair, Includes Tilt In Space
Medicaid	KS	E1170	Whlchr Ampu Fxd Arm Leg Rest
Medicaid	KS	E1171	Wheelchair Amputee W/O Leg R
Medicaid	KS	E1172	Wheelchair Amputee Detach Ar
Medicaid	KS	E1180	Wheelchair Amputee W/ Foot R
Medicaid	KS	E1190	Wheelchair Amputee W/ Leg Re
Medicaid	KS	E1195	Wheelchair Amputee Heavy Dut
Medicaid	KS	E1200	Wheelchair Amputee Fixed Arm
Medicaid	KS	E1221	Wheelchair Spec Size W Foot
Medicaid	KS	E1222	Wheelchair Spec Size W/ Leg
Medicaid	KS	E1223	Wheelchair Spec Size W Foot
Medicaid	KS	E1224	Wheelchair Spec Size W/ Leg
Medicaid	KS	E1229	Pediatric wheelchair NOS
Medicaid	KS	E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, W Seating
Medicaid	KS	E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adj, Wo Seating
Medicaid	KS	E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, Wo Seating
Medicaid	KS	E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System
Medicaid	KS	E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System
Medicaid	KS	E1270	Wheelchair Lightweight Leg R
Medicaid	KS	E1295	Wheelchair Heavy Duty Fixed
Medicaid	KS	E0747	Elec Osteogen Stim Not Spine
Medicaid	KS	E0760	Osteogen Ultrasound Stimltor
Medicaid	KS	E0765	Nerve Stimulator For Tx N&V
Medicaid	KS	E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type
Medicaid	KS	E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, n
Medicaid	KS	E0784	Ext Amb Infusn Pump Insulin
Medicaid	KS	E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing
Medicaid	KS	E1220	Whlchr Special Size/Constrc
Medicaid	KS	E0849	Cervical pneum trac equip
Medicaid	KS	E0850	Traction Stand Free Standing
Medicaid	KS	E0855	Cervical Traction Equipment
Medicaid	KS	E0251	Hosp Bed Fixd Ht W/O Mattres

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Line of Business	State	Procedure Code	Description
Medicaid	KS	C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance
Medicaid	KS	E0255	Hospital Bed Var Ht W/ Matr
Medicaid	KS	E0260	Hosp Bed Semi-Electr W/ Matt
Medicaid	KS	E0261	Hosp Bed Semi-Electr W/O Mat
Medicaid	KS	E0265	Hosp Bed Total Electr W/ Mat
Medicaid	KS	E0266	Hosp Bed Total Elec W/O Matt
Medicaid	KS	E0277	Powered Pres-Redu Air Matts
Medicaid	KS	E0280	Bed Cradle
Medicaid	KS	E0294	Hosp Bed Semi-Elect W/ Matr
Medicaid	KS	E0303	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/mattress
Medicaid	KS	E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress
Medicaid	KS	E0301	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress
Medicaid	KS	E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress
Medicaid	KS	E0316	Safety enclosure frame/canopy for use with hospital bed, any type
Medicaid	KS	E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard
Medicaid	KS	E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures,
Medicaid	KS	E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)
Medicaid	KS	E0481	Intrapulmonary percussive ventilation system and related accessories
Medicaid	KS	E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each
Medicaid	KS	E0636	Multipositional Patient Support System, With Integrated Lift, Patient
Medicaid	KS	E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels
Medicaid	KS	E0693	Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer An
Medicaid	KS	E0694	Ultraviolet Multidirectional Light Therapy System In 6 Foot Cabinet, I
Medicaid	KS	E0194	Air Fluidized Bed
Medicaid	KS	C1767	Generator, neurostimulator (implantable), nonrechargeable
Medicaid	KS	C1778	Lead, neurostimulator (implantable)
Medicaid	KS	C1813	Prosthesis, penile, inflatable
Medicaid	KS	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
Medicaid	KS	C1821	Interspinous process distraction device (implantable)
Medicaid	KS	C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
Medicaid	KS	C2622	Prosthesis, penile, noninflatable
Medicaid	KS	B4164	Parenteral 50% Dextrose Solu
Medicaid	KS	B4168	Parenteral Sol Amino Acid 3.
Medicaid	KS	A7025	High Frequency Chest Wall Oscillation System Vest, Replacement For Use
Medicaid	KS	B4172	Parenteral Sol Amino Acid 5.
Medicaid	KS	B4176	Parenteral Sol Amino Acid 7-
Medicaid	KS	B4178	Parenteral Sol Amino Acid >
Medicaid	KS	B4180	Parenteral Sol Carb > 50%

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Line of Business	State	Procedure Code	Description
Medicaid	KS	B4185	Parenteral nutrition solution, per 10 grams lipids
Medicaid	KS	B4189	Parenteral Sol Amino Acid &
Medicaid	KS	B4193	Parenteral Sol 52-73 Gm Prot
Medicaid	KS	B4197	Parenteral Sol 74-100 Gm Pro
Medicaid	KS	B4199	Parenteral Sol > 100gm Prote
Medicaid	KS	B5000	Parenteral Sol Renal-Amirosy
Medicaid	KS	B5100	Parenteral Sol Hepatic-Fream
Medicaid	KS	B5200	Parenteral Sol Stres-Brnch C
Medicaid	KS	99600	Unlisted Home Visit Service/Procedure
Medicaid	KS	A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
Medicaid	KS	A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only
Medicaid	KS	S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SI
Medicaid	KS	A4560	Neuromuscular electrical stimulator (nmes), disposable, replacement only
Medicaid	KS	A4575	Hyperbaric O2 Chamber Disps
Medicaid	KS	S2118	Metal-on-metal total hip resurfacing including acetabular and femoral components
Medicaid	KS	S9131	Physical therapy, in the home, per diem
Medicaid	KS	95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording
Medicaid	KS	95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording
Medicaid	KS	95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report
Medicaid	KS	L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only
Medicaid	KS	L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only
Medicaid	KS	97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
Medicaid	KS	97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes
Medicaid	KS	J9324	Injection, pemetrexed (pemydi rtu), 10 mg
Medicaid	KS	27412	Autologous Chondrocyte Implantation, Knee

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Line of Business	State	Procedure Code	Description
Medicaid	KS	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))
Medicaid	KS	J9354	Injection, ado-trastuzumab emtansine, 1 mg
Medicaid	KS	J9355	Injection, trastuzumab, excludes biosimilar, 10 mg
Medicaid	KS	C1897	Lead, neurostimulator test kit (implantable)
Medicaid	KS	Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram
Medicaid	KS	Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg
Medicaid	KS	Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg
Medicaid	KS	S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including
Medicaid	KS	S2067	Breast reconstruction of a single breast with "stacked" deep inferior
Medicaid	KS	93580	Perc Transcatheter Closure, Congenital Interatrial Communication W/Implant
Medicaid	KS	S2080	Laser-assisted uvulopalatoplasty (LAUP)
Medicaid	KS	H2016	Comprehensive community support services, per diem
Medicaid	KS	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
Medicaid	KS	J3392	Injection, exagamlogene autotemcel, per treatment
Medicaid	KS	J3393	Injection, betibeglogene autotemcel, per treatment
Medicaid	KS	97032	Application, Modality 1+ Areas; Electrical Stimulation (Manual), Each 15 Min
Medicaid	KS	97035	Application, Modality To 1+ Areas; Ultrasound, Each 15 Min
Medicaid	KS	97110	Therapeutic Proc, 1+ Areas, Each 15 Min; Therapeutic Exercises
Medicaid	KS	97112	Therapeutic Proc, 1+ Areas, Each 15 Min; Neuromuscular Reeducation
Medicaid	KS	97113	Therapeutic Proc, 1+ Areas, Each 15 Min; Aquatic Therapy W/Exercises
Medicaid	KS	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
Medicaid	KS	J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose
Medicaid	KS	J1442	5G-CSFexcludes biosimilars, 1 microgram
Medicaid	KS	J1447	Injection, tbo-filgrastim, 1 microgram
Medicaid	KS	J1449	Injection, eflapegrastim-xnst, 0.1 mg
Medicaid	KS	J2425	Injection, palifermin, 50 mcg
Medicaid	KS	J9043	Injection, cabazitaxel, 1 mg
Medicaid	KS	J9179	Injection, eribulin mesylate, 0.1 mg
Medicaid	KS	J9198	Injection, gemcitabine hydrochloride, (Infugem), 100 mg
Medicaid	KS	J9296	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg
Medicaid	KS	J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg
Medicaid	KS	J9304	Injection, pemetrexed (pemfexy), 10 mg
Medicaid	KS	J9305	Pemetrexed injection
Medicaid	KS	J9306	Injection, pertuzumab, 1 mg
Medicaid	KS	J9308	Injection, ramucirumab, 5 mg
Medicaid	KS	J9314	Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg
Medicaid	KS	E0782	Non-Programable Infusion Pump
Medicaid	KS	89240	Unlisted Miscellaneous Pathology Test
Medicaid	KS	E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type
Medicaid	KS	E2513	Accessory for speech generating device, electromyographic sensor
Medicaid	KS	97022	Application of a modality to 1 or more areas; whirlpool
Medicaid	KS	88291	Cytogenetics & Molecular Cytogenetics, Interpretation & Report
Medicaid	KS	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual

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Line of Business	State	Procedure Code	Description
Medicaid	KS	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
Medicaid	KS	81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
Medicaid	KS	81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11
Medicaid	KS	81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)
Medicaid	KS	81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)
Medicaid	KS	81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)
Medicaid	KS	66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent
Medicaid	KS	66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent
Medicaid	KS	69300	Otoplasty, Protruding Ear, W/Wo Size Reduction
Medicaid	KS	69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral
Medicaid	KS	69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral
Medicaid	KS	69955	Total Facial Nerve Decompression &/Or Repair, (May Include Graft)
Medicaid	KS	76120	Cineradiography/Videoradiology, Except Where Specifically Included
Medicaid	KS	76125	Cineradiography/Videoradiography W/Routine Exam
Medicaid	KS	76499	Unlisted Dx Radiographic Procedure
Medicaid	KS	Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg
Medicaid	KS	Q5136	Injection, denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg
Medicaid	KS	Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg
Medicaid	KS	Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg
Medicaid	KS	Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg
Medicaid	KS	Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg
Medicaid	KS	Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg
Medicaid	KS	Q5157	Injection, denosumab-bmwo (Stoboclo/Osenvelt), biosimilar, 1 mg
Medicaid	KS	Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg
Medicaid	KS	Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg
Medicaid	KS	Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg
Medicaid	KS	J0589	Injection, daxibotulinumtoxina-lanm, 1 unit
Medicaid	KS	J2801	Injection, risperidone (Rykindo), 0.5 mg
Medicaid	KS	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupl
Medicaid	KS	64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver

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Line of Business	State	Procedure Code	Description
Medicaid	KS	64640	Destruction, Neurolytic; Other Peripheral Nerve/Branch
Medicaid	KS	64716	Neuroplasty &/Or Transposition; Cranial Nerve (Specify)
Medicaid	KS	64732	Transection/Avulsion; Supraorbital Nerve
Medicaid	KS	64734	Transection/Avulsion; Infraorbital Nerve
Medicaid	KS	64736	Transection/Avulsion; Mental Nerve
Medicaid	KS	64738	Transection/Avulsion; Inferior Alveolar Nerve, Osteotomy
Medicaid	KS	64740	Transection/Avulsion; Lingual Nerve
Medicaid	KS	64742	Transection/Avulsion; Facial Nerve, Differential/Complete
Medicaid	KS	64744	Transection/Avulsion; Greater Occipital Nerve
Medicaid	KS	64866	Anastomosis; Facial-Spinal Accessory
Medicaid	KS	J0139	Injection, adalimumab, 1 mg
Medicaid	KS	J0175	Injection, donanemab-azbt, 2 mg
Medicaid	KS	J0224	Injection, lumasiran, 0.5 m
Medicaid	KS	J1299	Injection, eculizumab, 2 mg
Medicaid	KS	J1326	Injection, zolbetuximab-clzb, 2 mg
Medicaid	KS	J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 <sup>13</sup> vector genomes
Medicaid	KS	J1434	Injection, fosaprepitant (Focinvez), 1 mg
Medicaid	KS	J1453	Injection, fosaprepitant, 1 mg
Medicaid	KS	J1551	Injection, immune globulin (cutaquist), 100 mg
Medicaid	KS	J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg
Medicaid	KS	J2329	Injection, ublituximab-xiyy, 1mg
Medicaid	KS	J2802	Injection, romiplostim, 1 microgram
Medicaid	KS	J3263	Injection, toripalimab-tpzi, 1 mg
Medicaid	KS	J7172	Injection, marstacimab-hncq, 0.5 mg
Medicaid	KS	J7173	Injection, concizumab-mtci, 0.5 mg
Medicaid	KS	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
Medicaid	KS	64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
Medicaid	KS	C9293	Injection, glucarpidase, 10 units
Medicaid	KS	J7174	Injection, fitusiran, 0.04 mg
Medicaid	KS	J9026	Injection, tarlatamab-dlle, 1 mg
Medicaid	KS	J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram
Medicaid	KS	J9054	Injection, bortezomib (Boruzu), 0.1 mg
Medicaid	KS	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg
Medicaid	KS	J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy
Medicaid	KS	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg
Medicaid	KS	J9329	Injection, tislelizumab-jsgr, 1mg
Medicaid	KS	J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg
Medicaid	KS	J9382	Injection, zenocutuzumab-zbco, 1 mg
Medicaid	KS	Q2058	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion
Medicaid	KS	Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg
Medicaid	KS	Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg
Medicaid	KS	64450	Injection, Anesthetic Agent; Other Peripheral Nerve/Branch
Medicaid	KS	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve

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Line of Business	State	Procedure Code	Description
Medicaid	KS	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
Medicaid	KS	64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
Medicaid	KS	54405	Insertion, (Multi-Component) Inflatable Penile Prosthesis
Medicaid	KS	54417	Removal & Replace, Non-Inflatable/Inflatable Penile Prosthesis Infect, W/Irrig & Debride
Medicaid	KS	54440	Plastic Operation, Penis, Injury
Medicaid	KS	55899	Unlisted Proc, Male Genital System
Medicaid	KS	58999	Unlisted Proc, Female Genital System (Nonobstetrical)
Medicaid	KS	61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous
Medicaid	KS	61715	MRI guided focused ultrasound high intensity stereotactic intracranial ablation
Medicaid	KS	61867	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; First Array
Medicaid	KS	61868	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; ea addl Array
Medicaid	KS	61885	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection Sngle Electrode Array
Medicaid	KS	61886	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection 2+ Electrode Arrays
Medicaid	KS	61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)
Medicaid	KS	62263	Lysis, Perq, Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 2 Days/>
Medicaid	KS	62264	Lysis, Perq Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 1 Day
Medicaid	KS	64405	Injection, Anesthetic Agent; Greater Occipital Nerve
Medicaid	KS	50320	Donor Nephrectomy, Open, Living Donor W/O Allograft Preparation & Maintenance
Medicaid	KS	50325	Backbench Standard Preparation Of Living Donor Renal Allograft (Open Or Laparoscopic)
Medicaid	KS	50327	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Venous Anastomosis, Each
Medicaid	KS	50328	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Arterial Anastomosis, Each
Medicaid	KS	50329	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Ureteral Anastomosis, Each
Medicaid	KS	50340	Recipient Nephrectomy (Sep Proc)
Medicaid	KS	50360	Renal Allotransplantation, Implantation, Graft; W/O Donor & Recipient Nephrectomy
Medicaid	KS	50365	Renal Allotransplantation, Implantation, Graft; W/Recipient Nephrectomy
Medicaid	KS	51715	Endoscopic Injection, Implant Matl Into Submucosal Tissues, Urethra &/Or Bladder Neck
Medicaid	KS	53445	Insertion, Inflatable Urethra/Bladder Neck Sphincter, W/Placement Pump &/Or Reservoir & Cuff

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Line of Business	State	Procedure Code	Description
Medicaid	KS	53447	Removal & Replacement, Inflatable Sphincter W/Pump, Reservoir, Cuff, Same Session
Medicaid	KS	53448	Remov & Replace Inflatable Sphincter W/Pump/Reservoir/Cuff, Infected, W/Irrig & Debride
Medicaid	KS	53449	Repair, Inflatable Urethral/Bladder Neck Sphincter Device, Incl Pump/Reservoir/Cuff
Medicaid	KS	54360	Plastic Operation, Penis To Correct Angulation
Medicaid	KS	54400	Insertion, Penile Prosthesis; Non-Inflatable (Semi-Rigid)
Medicaid	KS	54401	Insertion, Penile Prosthesis; Inflatable (Self-Contained)
Medicaid	KS	44132	Donor Enterectomy, Open, W/Prep & Maintenance, Allograft; Cadaver Donor
Medicaid	KS	44133	Donor Enterectomy, Open With Prep & Maintenance, Allograft; Partial, Living Donor
Medicaid	KS	44136	Intestinal Allotransplantation; From Living Donor
Medicaid	KS	44715	Backbench Standard Preparation Of Cadaver Or Living Donor Intestine Allograft
Medicaid	KS	44720	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Venous Anastomosis, Each
Medicaid	KS	44721	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Arterial Anastomosis, Each
Medicaid	KS	47133	Donor Hepatectomy, W/Preparation & Maintenance, Allograft; Cadaver Donor
Medicaid	KS	47140	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Left Lateral Segment Only
Medicaid	KS	47135	Liver Allotransplantation; Orthotopic, Partial/Whole, Cadaver/Living Donor, Any Age
Medicaid	KS	47141	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy
Medicaid	KS	47142	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Right Lobectomy
Medicaid	KS	47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy
Medicaid	KS	47146	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Venous Anastomosis, Each
Medicaid	KS	47147	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Arterial Anastomosis, Each
Medicaid	KS	48550	Donor Pancreatectomy, W/Prep & Maintenance, Cadaver Donor, W/Wo Duodenal Segment
Medicaid	KS	48551	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft
Medicaid	KS	48552	Backbench Reconstruction Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Venous Anastomosis, Each
Medicaid	KS	48554	Transplantation, Pancreatic Allograft
Medicaid	KS	50300	Donor Nephrectomy; Cadaver Donor, Unilat/Bilat W/Prep & Maintenance, Allograft
Medicaid	KS	43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease
Medicaid	KS	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)

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Line of Business	State	Procedure Code	Description
Medicaid	KS	43499	Unlisted Proc, Esophagus
Medicaid	KS	43842	Gastric Restrictive Proc, W/O Gastric Bypass, Morbid Obesity; Vertical-Banded Gastroplasty
Medicaid	KS	43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
Medicaid	KS	38230	Bone marrow harvesting for transplantation; allogeneic
Medicaid	KS	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
Medicaid	KS	38241	Hematopoietic progenitor cell (HPC); autologous transplantation
Medicaid	KS	38243	Hematopoietic progenitor cell (HPC); HPC boost
Medicaid	KS	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance
Medicaid	KS	43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed
Medicaid	KS	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
Medicaid	KS	38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Allogenic
Medicaid	KS	38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Autologous
Medicaid	KS	33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)
Medicaid	KS	33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed
Medicaid	KS	33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
Medicaid	KS	33930	Donor Cardiectomy-Pneumonectomy, W/Preparation & Maintenance, Allograft
Medicaid	KS	33935	Heart-Lung Transplant W/Recipient Cardiectomy-Pneumonectomy
Medicaid	KS	33940	Donor Cardiectomy, W/Preparation & Maintenance, Allograft
Medicaid	KS	33944	Backbench Standard Preparation Of Cadaver Donor Heart Allograft
Medicaid	KS	33945	Heart Transplant, W/Wo Recipient Cardiectomy
Medicaid	KS	33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion
Medicaid	KS	33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only
Medicaid	KS	64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electr
Medicaid	KS	33976	Insertion, Ventricular Assist Device; Extracorporeal, Biventricular
Medicaid	KS	33979	Insertion, Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle
Medicaid	KS	33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture
Medicaid	KS	32852	Lung Transplant, Single; W/Cardiopulmonary Bypass
Medicaid	KS	32853	Lung Transplant, Double (Bilat Sequential/En Bloc); W/O Cardiopulmonary Bypass
Medicaid	KS	33140	Transmyocardial Laser Revascularization, By Thoracotomy

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Line of Business	State	Procedure Code	Description
Medicaid	KS	33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial ana
Medicaid	KS	33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)
Medicaid	KS	30120	Excision/Surgical Planing, Skin, Nose, Rhinophyma
Medicaid	KS	30130	Excision inferior turbinate, partial or complete, any method
Medicaid	KS	30140	Submucous resection inferior turbinate, partial or complete, any method
Medicaid	KS	30410	Rhinoplasty, Primary; Complete, Ext Parts W/Bony Pyramid, Lat & Alar Cartilages &/Or Elev Nasal Tip
Medicaid	KS	30430	Rhinoplasty, Secondary; Minor Revision (Small Amount, Nasal Tip Work)
Medicaid	KS	30520	Septoplasty/Submucous Resection W/Wo Cartilage Scoring/Contouring/Graft
Medicaid	KS	30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ab
Medicaid	KS	30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ab
Medicaid	KS	30999	Unlisted Proc, Nose
Medicaid	KS	32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor
Medicaid	KS	32851	Lung Transplant, Single; W/O Cardiopulmonary Bypass
Medicaid	KS	20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)
Medicaid	KS	20979	Low Intensity Ultrasound Stimulation To Aid Bone Healing; Noninvasive
Medicaid	KS	21137	Reduction Forehead; Contouring Only
Medicaid	KS	21138	Reduction Forehead; Contouring/Prosthesis/Bone Graft W/Obtaining Autograft
Medicaid	KS	21159	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/O Lefort I
Medicaid	KS	21160	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/Lefort I
Medicaid	KS	21740	Reconstructive Repair, Pectus Excavatum/Carinatum; Open
Medicaid	KS	21742	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/O Thoracoscopy
Medicaid	KS	21743	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/Thoracoscopy
Medicaid	KS	22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le
Medicaid	KS	22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral, including fluoroscopic guidance; 1 or mor
Medicaid	KS	19318	Reduction Mammoplasty
Medicaid	KS	15783	Dermabrasion; Superficial, Any Site
Medicaid	KS	15786	Abrasion; Single Lesion
Medicaid	KS	15787	Abrasion; Add'l 4 Lesions/<
Medicaid	KS	15789	Chemical Peel, Facial; Dermal
Medicaid	KS	15793	Chemical Peel, Nonfacial; Dermal
Medicaid	KS	15824	Rhytidectomy; Forehead
Medicaid	KS	15826	Rhytidectomy; Glabellar Frown Lines
Medicaid	KS	15828	Rhytidectomy; Cheek, Chin, & Neck
Medicaid	KS	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
Medicaid	KS	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg

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Line of Business	State	Procedure Code	Description
Medicaid	KS	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
Medicaid	KS	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
Medicaid	KS	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
Medicaid	KS	15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
Medicaid	KS	15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
Medicaid	KS	15841	Graft, Facial Nerve Paralysis; Free Muscle Graft (W/Obtaining Graft)
Medicaid	KS	15842	Graft, Facial Nerve Paralysis; Free Muscle Flap, Microsurgical Technique
Medicaid	KS	15845	Graft, Facial Nerve Paralysis; Regional Muscle Transfer
Medicaid	KS	17106	Destruction, Cutaneous Vascular Proliferative Lesions; < 10 Sq Cm
Medicaid	KS	17107	Destruction, Cutaneous Vascular Proliferative Lesions; 10.0-50.0 Sq Cm
Medicaid	KS	17380	Electrolysis epilation, each 30 minutes
Medicaid	KS	19300	Mastectomy for gynecomastia
Medicaid	KS	0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous
Medicaid	KS	0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open
Medicaid	KS	0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture
Medicaid	KS	0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed
Medicaid	KS	0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed
Medicaid	KS	0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)
Medicaid	KS	0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound
Medicaid	KS	37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)

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Line of Business	State	Procedure Code	Description
Medicaid	KS	37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)
Medicaid	KS	J3262	Injection, tocilizumab, 1 mg
Medicaid	KS	J3380	Injection, vedolizumab, 1 mg
Medicaid	KS	J9312	Injection, rituximab, 10 mg
Medicaid	KS	Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
Medicaid	KS	Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg
Medicaid	KS	Q5115	Injection, rituximab-abbs, biosimilar, 10 mg
Medicaid	KS	Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg
Medicaid	KS	Q5123	Injection, rituximab-arxx, biosimilar, (riabni), 10 m
Medicaid	KS	Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg
Medicaid	KS	J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
Medicaid	KS	J0585	Injection, Onabotulinumtoxina, 1 Unit
Medicaid	KS	J1303	Injection, ravulizumab-cwvz, 10 mg
Medicaid	KS	J1602	Injection, golimumab, 1 mg, for intravenous use
Medicaid	KS	J1628	Injection, guselkumab, 1 mg
Medicaid	KS	J1745	Injection, infliximab, excludes biosimilar, 10 mg
Medicaid	KS	J3247	Injection, secukinumab, IV, 1 mg
Medicaid	KS	31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)
Medicaid	KS	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	KS	K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 30
Medicaid	KS	K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
Medicaid	KS	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	KS	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	KS	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	KS	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	KS	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	KS	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	KS	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	KS	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS
Medicaid	KS	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

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Line of Business	State	Procedure Code	Description
Medicaid	KS	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	KS	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	KS	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	KS	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	KS	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
Medicaid	KS	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	KS	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	KS	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO
Medicaid	KS	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 PO
Medicaid	KS	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	KS	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	KS	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	KS	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	KS	E1037	Transport Chair, Pediatric Size
Medicaid	KS	E1230	Power Operated Vehicle
Medicaid	KS	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS
Medicaid	KS	E1002	Wheelchair accessory, power seating system, tilt only
Medicaid	KS	E1003	Wheelchair accessory, power seating system, recline only, without shear
Medicaid	KS	E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear
Medicaid	KS	E1005	Wheelchair accessory, power seatng system, recline only, with power shear
Medicaid	KS	E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction
Medicaid	KS	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction
Medicaid	KS	E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg
Medicaid	KS	E1010	Wheelchair accessory, addition to power seating system, power leg elevation
Medicaid	KS	E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
Medicaid	KS	K0010	Stnd Wt Frame Power Whlchr
Medicaid	KS	K0011	Stnd Wt Pwr Whlchr W Control
Medicaid	KS	K0012	Ltwt Portbl Power Whlchr
Medicaid	KS	K0013	Custom motorized/power wheelchair base
Medicaid	KS	K0014	Other Power Whlchr Base

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Line of Business	State	Procedure Code	Description
Medicaid	KS	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	KS	K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	KS	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	KS	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	KS	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	KS	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	KS	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	KS	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	KS	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	KS	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	KS	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	KS	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	KS	64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed
Medicaid	KS	0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes
Medicaid	KS	0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only
Medicaid	KS	0412T	Removal of permanent cardiac contractility modulation system; pulse generator only
Medicaid	KS	0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)
Medicaid	KS	0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only
Medicaid	KS	0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)
Medicaid	KS	0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator
Medicaid	KS	0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system

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Line of Business	State	Procedure Code	Description
Medicaid	KS	0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system
Medicaid	KS	S9129	Occupational Therapy, In The
Medicaid	KS	92526	Treatment, Swallowing Dysfunction &/Or Oral Function, Feeding
Medicaid	KS	92622	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes
Medicaid	KS	92626	Evaluation of auditory rehabilitation status; first hour
Medicaid	KS	92627	Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primar
Medicaid	KS	92630	Auditory rehabilitation; pre-lingual hearing loss
Medicaid	KS	92633	Auditory rehabilitation; post-lingual hearing loss
Medicaid	KS	97010	Application of a modality to 1 or more areas; hot or cold packs
Medicaid	KS	97012	Application of a modality to 1 or more areas; traction, mechanical
Medicaid	KS	97016	Application of a modality to 1 or more areas; vasopneumatic devices
Medicaid	KS	97018	Application of a modality to 1 or more areas; paraffin bath
Medicaid	KS	97026	Application of a modality to 1 or more areas; infrared
Medicaid	KS	97034	Application, Modality To 1+ Areas; Contrast Baths, Each 15 Min
Medicaid	KS	97036	Application, Modality To 1+ Areas; Hubbard Tank, Each 15 Min
Medicaid	KS	97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)
Medicaid	KS	97150	Therapeutic Proc(S), Group, (2+ Individuals)
Medicaid	KS	97168	Reevaluation of occupational therapy care/established plan of care requiring components
Medicaid	KS	97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
Medicaid	KS	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
Medicaid	KS	97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes
Medicaid	KS	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes
Medicaid	KS	97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
Medicaid	KS	97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
Medicaid	KS	G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a

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Line of Business	State	Procedure Code	Description
Medicaid	KS	G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
Medicaid	KS	G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes
Medicaid	KS	G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes
Medicaid	KS	21206	Osteotomy, Maxilla, Segmental
Medicaid	KS	19330	Removal, Mammary Implant Matl
Medicaid	KS	19364	Breast Reconstruction W/Free Flap
Medicaid	KS	20200	Bx, Muscle; Superficial
Medicaid	KS	C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed
Medicaid	KS	C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed
Medicaid	KS	C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed
Medicaid	KS	L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
Medicaid	KS	S8085	Fluorine-18 Fluorodeoxygluco
Medicaid	KS	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
Medicaid	KS	76390	Mr Spectroscopy
Medicaid	KS	78609	Brain Imaging, Positron Emission Tomography (Pet); Perfusion Evaluation
Medicaid	KS	37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
Medicaid	KS	0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing
Medicaid	KS	0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing
Medicaid	KS	0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography)
Medicaid	KS	0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atria

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Line of Business	State	Procedure Code	Description
Medicaid	KS	C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical dev
Medicaid	KS	95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming
Medicaid	KS	64415	Injection, Anesthetic Agent; Brachial Plexus, Single
Medicaid	KS	64447	Injection, Anesthetic Agent; Femoral Nerve, Single
Medicaid	KS	41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session
Medicaid	KS	0788T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse wi
Medicaid	KS	0789T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse w
Medicaid	KS	0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, wit
Medicaid	KS	0826T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values
Medicaid	KS	S9056	Coma Stimulation Per Diem
Medicaid	KS	S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)
Medicaid	KS	T1001	Nursing assessment/evaluation
Medicaid	KS	T1004	Services of a qualified nursing aide, up to 15 minutes
Medicaid	KS	T1022	Contracted Home Health Agency Services, All Services Provided Under Co
Medicaid	KS	99601	Home infusion/specialty drug administration, per visit (up to 2 hours)
Medicaid	KS	99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in additio
Medicaid	KS	T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter
Medicaid	KS	Q4222	Progenatrix, per square centimeter
Medicaid	KS	Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm
Medicaid	KS	Q4225	AmnioBind, per sq cm
Medicaid	KS	Q4227	AmnioCoreTM, per sq cm
Medicaid	KS	Q4229	Cogenex Amniotic Membrane, per sq cm
Medicaid	KS	Q4232	Corplex, per sq cm
Medicaid	KS	Q4233	SurFactor or NuDyn, per 0.5 cc
Medicaid	KS	Q4234	XCellerate, per sq cm
Medicaid	KS	Q4235	AMNIOREPAIR or AltiPly, per sq cm
Medicaid	KS	Q4236	carePATCH, per sq cm

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Line of Business	State	Procedure Code	Description
Medicaid	KS	Q4237	Cryo-Cord, per sq cm
Medicaid	KS	Q4238	Derm-Maxx, per sq cm
Medicaid	KS	Q4240	CoreCyte, for topical use only, per 0.5 cc
Medicaid	KS	Q4241	PolyCyte, for topical use only, per 0.5 cc
Medicaid	KS	Q4242	AmnioCyte Plus, per 0.5 cc
Medicaid	KS	Q4245	AmnioText, per cc
Medicaid	KS	Q4246	CoreText or ProText, per cc
Medicaid	KS	Q4247	Amniotext patch, per sq cm
Medicaid	KS	Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm
Medicaid	KS	Q4249	Amniply, for topical use only, per square centimeter
Medicaid	KS	Q4250	Amnioamp-mp, per square centimeter
Medicaid	KS	Q4252	Vendaje, per sq cm
Medicaid	KS	Q4297	Emerge matrix, per square centimeter
Medicaid	KS	Q4298	Amnicore pro, per square centimeter
Medicaid	KS	Q4300	Acesso tl, per square centimeter
Medicaid	KS	Q4301	Activate matrix, per square centimeter
Medicaid	KS	Q4302	Complete aca, per square centimeter
Medicaid	KS	Q4304	Grafix plus, per square centimeter
Medicaid	KS	Q4305	American Amnion AC Tri-Layer, per sq cm
Medicaid	KS	Q4306	American Amnion AC, per sq cm
Medicaid	KS	Q4307	American Amnion, per sq cm
Medicaid	KS	Q4308	Sanopellis, per sq cm
Medicaid	KS	Q4309	VIA Matrix, per sq cm
Medicaid	KS	Q4310	Procenta, per 100 mg
Medicaid	KS	Q4311	Acesso, per sq cm
Medicaid	KS	Q4254	Novafix dl, per square centimeter
Medicaid	KS	Q4256	MLG-Complete, per sq cm
Medicaid	KS	Q4258	Enverse, per sq cm
Medicaid	KS	Q4259	Celera dual layer or celera dual membrane, per square centimeter
Medicaid	KS	Q4260	Signature apatch, per square centimeter
Medicaid	KS	Q4261	Tag, per square centimeter
Medicaid	KS	Q4264	Cocoon membrane, per square centimeter
Medicaid	KS	Q4266	Neostim membrane, per square centimeter
Medicaid	KS	Q4268	Surgraft ft, per square centimeter
Medicaid	KS	Q4269	Surgraft xt, per square centimeter
Medicaid	KS	Q4270	Complete sl, per square centimeter
Medicaid	KS	Q4271	Complete ft, per square centimeter
Medicaid	KS	Q4272	Esano a, per square centimeter
Medicaid	KS	Q4273	Esano aaa, per square centimeter
Medicaid	KS	Q4274	Esano ac, per square centimeter
Medicaid	KS	Q4275	Esano aca, per square centimeter
Medicaid	KS	Q4276	Orion, per square centimeter
Medicaid	KS	Q4278	Epieffect, per square centimeter
Medicaid	KS	Q4279	Vendaje ac, per square centimeter
Medicaid	KS	Q4280	Xcell amnio matrix, per square centimeter
Medicaid	KS	Q4281	Barrera sl or barrera dl, per square centimeter
Medicaid	KS	Q4282	Cygnus dual, per square centimeter
Medicaid	KS	Q4285	NuDYN DL or NuDYN DL MESH, per sq cm
Medicaid	KS	Q4286	NuDYN SL or NuDYN SLW, per sq cm

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Line of Business	State	Procedure Code	Description
Medicaid	KS	Q4287	Dermabind dl, per square centimeter
Medicaid	KS	Q4288	Dermabind ch, per square centimeter
Medicaid	KS	Q4290	Membrane wrap-hydro, per square centimeter
Medicaid	KS	Q4291	Lamellas xt, per square centimeter
Medicaid	KS	Q4292	Lamellas, per square centimeter
Medicaid	KS	Q4295	Amnio tri-core amniotic, per square centimeter
Medicaid	KS	Q4296	Rebound matrix, per square centimeter
Medicaid	KS	Q4313	DermaBind FM, per sq cm
Medicaid	KS	Q4314	Reeva FT, per sq cm
Medicaid	KS	Q4316	AmchoPlast, per sq cm
Medicaid	KS	Q4317	VitoGraft, per sq cm
Medicaid	KS	Q4319	SanoGraft, per sq cm
Medicaid	KS	Q4320	PelloGraft, per sq cm
Medicaid	KS	Q4321	RenoGraft, per sq cm
Medicaid	KS	Q4322	CaregraFT, per sq cm
Medicaid	KS	Q4323	alloPLY, per sq cm
Medicaid	KS	Q4324	AmnioTX, per sq cm
Medicaid	KS	Q4325	ACApatch, per sq cm
Medicaid	KS	Q4326	WoundPlus, per sq cm
Medicaid	KS	Q4327	DuoAmnion, per sq cm
Medicaid	KS	Q4328	MOST, per sq cm
Medicaid	KS	Q4331	Axolotl Graft, per sq cm
Medicaid	KS	Q4332	Axolotl DualGraft, per sq cm
Medicaid	KS	Q4336	Artacent C, per sq cm
Medicaid	KS	Q4337	Artacent Trident, per sq cm
Medicaid	KS	Q4338	Artacent Velos, per sq cm
Medicaid	KS	Q4339	Artacent Vericlen, per sq cm
Medicaid	KS	Q4341	SimpliMax, per sq cm
Medicaid	KS	Q4342	TheraMend, per sq cm
Medicaid	KS	Q4344	Tri-Membrane Wrap, per sq cm
Medicaid	KS	Q4345	Matrix HD Allograft Dermis, per sq cm
Medicaid	KS	S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear
Medicaid	KS	S5108	Home care training to home care client, per 15 minutes
Medicaid	KS	S5109	Home care training to home care client, per 15 minutes per session
Medicaid	KS	S5110	Home Care Training, Family, Per 15 Minutes
Medicaid	KS	S5111	Home Care Training, Family, Per Session
Medicaid	KS	S5116	Home Care Training, Non-Family, Per Session
Medicaid	KS	S5180	Home Health Respiratory Therapy, Initial Evaluation
Medicaid	KS	L7180	Electronic Elbow Utah Myoele
Medicaid	KS	L7181	Electronic elbow simultaneous
Medicaid	KS	Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm
Medicaid	KS	L7191	Elbow Child Myoelectronic Ct
Medicaid	KS	L8600	Implant Breast Silicone/Eq
Medicaid	KS	Q4103	Oasis burn matrix, per square centimeter
Medicaid	KS	Q4108	Integra matrix, per square centimeter
Medicaid	KS	Q4111	Gammagraft, per square centimeter
Medicaid	KS	Q4112	Cymetra, injectable, 1cc
Medicaid	KS	Q4113	GRAFTJACKET XPRESS, injectable, 1cc

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Line of Business	State	Procedure Code	Description
Medicaid	KS	Q4114	Integra flowable wound matrix, injectable, 1 cc
Medicaid	KS	Q4123	AlloSkin RT, per sq cm
Medicaid	KS	Q4125	Arthroflex, per sq cm
Medicaid	KS	Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm
Medicaid	KS	Q4127	Talymed, per sq cm
Medicaid	KS	Q4132	Grafix Core and GrafixPL Core, per sq cm
Medicaid	KS	Q4134	Hmatrix, per square centimeter
Medicaid	KS	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
Medicaid	KS	L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband O
Medicaid	KS	Q4165	Keramatrix, per square centimeter
Medicaid	KS	Q4167	Truskin, per square centimeter
Medicaid	KS	Q4170	Cygnus, per square centimeter
Medicaid	KS	Q4171	Interfyl, 1 mg
Medicaid	KS	Q4173	Palingen or palingen xplus, per square centimeter
Medicaid	KS	Q4174	Palingen or promatrix, 0.36 mg per 0.25 cc
Medicaid	KS	Q4175	Miroderm, per square centimeter
Medicaid	KS	Q4176	NeoPatch, per sq cm
Medicaid	KS	Q4179	FlowerDerm, per sq cm
Medicaid	KS	Q4180	Revita, per sq cm
Medicaid	KS	Q4181	Amnio Wound, per sq cm
Medicaid	KS	Q4183	Surgigraft, per sq cm
Medicaid	KS	Q4184	Cellesta, per sq cm
Medicaid	KS	Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc
Medicaid	KS	Q4188	AmnioArmor, per sq cm
Medicaid	KS	Q4189	Artacent AC, 1 mg
Medicaid	KS	Q4190	Artacent AC, per sq cm
Medicaid	KS	Q4191	Restorigin, per sq cm
Medicaid	KS	Q4192	Restorigin, 1 cc
Medicaid	KS	Q4193	Coll-e-Derm, per sq cm
Medicaid	KS	Q4194	Novachor, per sq cm
Medicaid	KS	Q4196	PuraPly AM, per sq cm
Medicaid	KS	Q4197	PuraPly XT, per sq cm
Medicaid	KS	Q4198	Genesis Amniotic Membrane, per sq cm
Medicaid	KS	Q4199	Cygnus matrix, per square centimeter
Medicaid	KS	Q4200	SkinTE, per sq cm
Medicaid	KS	Q4201	Matrion, per sq cm
Medicaid	KS	Q4135	Mediskin, per square centimeter
Medicaid	KS	Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm
Medicaid	KS	Q4138	Biodfence dryflex, per square centimeter
Medicaid	KS	Q4139	Amniomatrix or biodmatrix, injectable, 1 cc
Medicaid	KS	Q4140	Biodfence, per square centimeter
Medicaid	KS	Q4141	Alloskin ac, per square centimeter
Medicaid	KS	Q4142	Xcm biologic tissue matrix, per square centimeter
Medicaid	KS	Q4143	Repriza, per square centimeter
Medicaid	KS	Q4145	Epifix, injectable, 1 mg
Medicaid	KS	Q4147	Architect extracellular matrix, per square centimeter
Medicaid	KS	Q4289	Revoshield + amniotic barrier, per square centimeter

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Line of Business	State	Procedure Code	Description
Medicaid	KS	Q4150	Allowrap ds or dry, per square centimeter
Medicaid	KS	Q4152	Dermapure, per square centimeter
Medicaid	KS	Q4155	Neoxflo or clarixflo, 1 mg
Medicaid	KS	Q4156	Neox 100 or Clarix 100, per sq cm
Medicaid	KS	Q4157	Revitalon, per square centimeter
Medicaid	KS	Q4159	Affinity, per square centimeter
Medicaid	KS	Q4161	Bio-connekt wound matrix, per square centimeter
Medicaid	KS	Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc
Medicaid	KS	Q4163	WoundEx, BioSkin, per sq cm
Medicaid	KS	Q4164	Helicoll, per square centimeter
Medicaid	KS	Q4203	Derma-Gide, per sq cm
Medicaid	KS	Q4204	XWRAP, per sq cm
Medicaid	KS	Q4205	Membrane graft or membrane wrap, per square centimeter
Medicaid	KS	Q4206	Fluid flow or fluid GF, 1 cc
Medicaid	KS	Q4208	Novafix, per square centimeter
Medicaid	KS	Q4209	Surgraft, per square centimeter
Medicaid	KS	Q4211	Amnion bio or Axobiomembrane, per square centimeter
Medicaid	KS	Q4212	Allogen, per cc
Medicaid	KS	Q4213	Ascent, 0.5 mg
Medicaid	KS	Q4215	Axolotl ambient or axolotl cryo, 0.1 mg
Medicaid	KS	Q4216	Artacent cord, per square centimeter
Medicaid	KS	Q4217	Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter
Medicaid	KS	Q4218	Surgicord, per square centimeter
Medicaid	KS	Q4219	Surgigraft-dual, per square centimeter
Medicaid	KS	Q4220	BellaCell HD or Surederm, per square centimeter
Medicaid	KS	Q4221	Amniowrap2, per square centimeter
Medicaid	KS	L7190	Elbow Adolescent Myoelectron
Medicaid	KS	L4631	Ankle-foot orthosis (AFO), walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated
Medicaid	KS	L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)
Medicaid	KS	L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
Medicaid	KS	L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement
Medicaid	KS	L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)
Medicaid	KS	L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL
Medicaid	KS	L6925	Wrist Disart Myoelectronic C
Medicaid	KS	L6945	Elbow Disart Myoelectronic C
Medicaid	KS	L6955	Above Elbow Myoelectronic Ct
Medicaid	KS	L6965	Shldr Disartic Myoelectronic
Medicaid	KS	L6975	Interscap-Thor Myoelectronic
Medicaid	KS	L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT

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Line of Business	State	Procedure Code	Description
Medicaid	KS	L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC
Medicaid	KS	L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
Medicaid	KS	L3001	Foot Insert Remov Molded Spe
Medicaid	KS	L3002	Foot Insert Plastazote Or Eq
Medicaid	KS	L1300	Body Jacket Mold To Patient
Medicaid	KS	L2128	Kafo Fem Fx Cast Molded To P
Medicaid	KS	L2627	Plastic Mold Recipro Hip & C
Medicaid	KS	L2628	Metal Frame Recipro Hip & Ca
Medicaid	KS	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	KS	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	KS	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS
Medicaid	KS	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	KS	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
Medicaid	KS	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	KS	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLU
Medicaid	KS	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INC
Medicaid	KS	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED
Medicaid	KS	L2034	KAFO, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without f
Medicaid	KS	L2036	KAFO, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricat
Medicaid	KS	L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion an
Medicaid	KS	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	KS	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600
Medicaid	KS	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUN
Medicaid	KS	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	KS	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 3
Medicaid	KS	K0899	Power mobility device, not coded by DME PDAC or does not meet criteria
Medicaid	KS	L0631	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise

## List of items and service that require Prior Authorization

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Line of Business	State	Procedure Code	Description
Medicaid	KS	L0632	LSO, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 v
Medicaid	KS	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE
Medicaid	KS	G0428	Collagen Meniscus Implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)
Medicaid	KS	G0483	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed
Medicaid	KS	J3394	Injection, lovotibeglogene autotemcel, per treatment
Medicaid	KS	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	KS	K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	KS	K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	KS	K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED
Medicaid	KS	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	KS	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	KS	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	KS	A2021	Neomatrix, per square centimeter
Medicaid	KS	A2022	InnovaBurn or InnovaMatrix XL, per sq cm
Medicaid	KS	A2023	InnovaMatrix PD, 1 mg
Medicaid	KS	A2024	Resolve Matrix, per sq cm
Medicaid	KS	A2025	Miro3D, per cu cm
Medicaid	KS	A2026	Restrata MiniMatrix, 5 mg
Medicaid	KS	A2028	Artacent Velos, per sq cm
Medicaid	KS	A2029	Artacent Vericlen, per sq cm
Medicaid	KS	C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide), per cm length
Medicaid	KS	C9353	Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per cm length
Medicaid	KS	C9354	Acellular pericardial tissue matrix of nonhuman origin (Veritas), per sq cm
Medicaid	KS	C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 cm length
Medicaid	KS	C9364	Porcine implant, Permacol, per sq cm
Medicaid	KS	C9727	Insertion of implants into the soft palate; minimum of 3 implants

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Line of Business	State	Procedure Code	Description
Medicaid	KS	C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])
Medicaid	KS	E0217	Water Circ Heat Pad W Pump
Medicaid	KS	E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels
Medicaid	KS	E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels
Medicaid	KS	E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric
Medicaid	KS	E0986	Manual wheelchair accessory, push-rim activated power assist, each
Medicaid	KS	E1239	Ped power wheelchair NOS
Medicaid	KS	E2301	Wheelchair accessory, power standing system, any type
Medicaid	KS	G0068	Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 min
Medicaid	KS	G0089	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min
Medicaid	KS	G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min
Medicaid	KS	A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome
Medicaid	KS	A0430	Fixed Wing Air Transport
Medicaid	KS	A0435	Fixed Wing Air Mileage
Medicaid	KS	A0436	Rotary Wing Air Mileage
Medicaid	KS	A0888	Noncovered Ambulance Mileage
Medicaid	KS	A2001	Innovamatrix ac, per square centimeter
Medicaid	KS	A2004	Xcellistem, per square centimeter
Medicaid	KS	A2005	Microlyte matrix, per square centimeter
Medicaid	KS	A2006	Novosorb synpath dermal matrix, per square centimeter
Medicaid	KS	A2007	Restrata, per square centimeter
Medicaid	KS	A2008	Theragenesis, per square centimeter
Medicaid	KS	A2009	Symphony, per square centimeter
Medicaid	KS	A2010	Apis, per square centimeter
Medicaid	KS	A2011	Supra SDRM, per sq cm
Medicaid	KS	A2012	SUPRATHEL, per sq cm
Medicaid	KS	A2013	Innovamatrix FS, per sq cm
Medicaid	KS	A2014	Omeza collagen matrix, per 100 mg
Medicaid	KS	A2015	Phoenix wound matrix, per square centimeter
Medicaid	KS	A2016	Permeaderm b, per square centimeter
Medicaid	KS	A2017	Permeaderm glove, each
Medicaid	KS	A2018	Permeaderm c, per square centimeter
Medicaid	KS	A2019	Kerecis omega3 marigen shield, per square centimeter
Medicaid	KS	58578	Unlisted Proc, Laparoscopy, Uterus

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Line of Business	State	Procedure Code	Description
Medicaid	KS	64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode arra
Medicaid	KS	21195	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/O Int Rigid Fixation
Medicaid	KS	21685	Hyoid Myotomy and Suspension
Medicaid	KS	31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve
Medicaid	KS	31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve
Medicaid	KS	31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)
Medicaid	KS	41512	Tongue base suspension, permanent suture technique
Medicaid	KS	46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])
Medicaid	KS	47381	Ablation, Open, 1+ Liver Tumor(S); Cryosurgical
Medicaid	KS	0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and int
Medicaid	KS	19325	Mammoplasty, Augmentation; W/Prosthetic Implant
Medicaid	KS	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin
Medicaid	KS	0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result
Medicaid	KS	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including
Medicaid	KS	74263	Computed tomographic (CT) colonography, screening, including image postprocessing
Medicaid	KS	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
Medicaid	KS	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D ima
Medicaid	KS	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of
Medicaid	KS	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, inc
Medicaid	KS	75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, wit
Medicaid	KS	81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A
Medicaid	KS	81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1

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Line of Business	State	Procedure Code	Description
Medicaid	KS	33263	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Dual Lead System
Medicaid	KS	33264	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Multiple Lead System
Medicaid	KS	28446	Open osteochondral autograft, talus (includes obtaining grafts)
Medicaid	KS	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
Medicaid	KS	22819	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 3 / More
Medicaid	KS	L5856	Elec knee-shin swing/stance
Medicaid	KS	L5857	Elec knee-shin swing only
Medicaid	KS	L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)
Medicaid	KS	L5973	Endoskeletal Ankle Foot System, Microprocessor Controlled Feature, Dorsiflexion And/Or Plantar Flexion Control, Includes
Medicaid	KS	L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder
Medicaid	KS	S9359	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., Infliximab)
Medicaid	KS	S9484	Crisis intervention mental health services, per hour
Medicaid	KS	S9485	Crisis Intervention Mental H
Medicaid	KS	S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous infusion therapy (e.g., Epoprostenol)
Medicaid	KS	P9020	Platelet Rich Plasma Unit
Medicaid	KS	0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles
Medicaid	KS	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	KS	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
Medicaid	KS	E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE,
Medicaid	KS	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE),
Medicaid	KS	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,
Medicaid	KS	E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE,
Medicaid	KS	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
Medicaid	KS	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT
Medicaid	KS	E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY,
Medicaid	KS	E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
Medicaid	KS	E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE,

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Line of Business	State	Procedure Code	Description
Medicaid	KS	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY
Medicaid	KS	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED
Medicaid	KS	E2398	Wheelchair accessory, dynamic positioning hardware for back
Medicaid	KS	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT
Medicaid	KS	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT
Medicaid	KS	E2397	Power wheelchair accessory, lithium-based battery, each
Medicaid	KS	E2606	Position wc cush wdth>=22 in
Medicaid	KS	E2608	Skin pro/pos wc cus wd>=22in
Medicaid	KS	E2612	Gen use back cush wdth>=22in
Medicaid	KS	E2613	Position back cush wd <22in
Medicaid	KS	E2614	Position back cush wd>=22in
Medicaid	KS	E2615	Pos back post/lat wdth <22in
Medicaid	KS	E2616	Pos back post/lat wdth>=22in
Medicaid	KS	E2617	Custom fab w/c back cushion
Medicaid	KS	E2619	Replace cover w/c seat cush
Medicaid	KS	E2621	WC planar back cush wd>=22in
Medicaid	KS	E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
Medicaid	KS	E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type
Medicaid	KS	E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
Medicaid	KS	E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support
Medicaid	KS	E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm
Medicaid	KS	E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
Medicaid	KS	E2633	Wheelchair accessory, addition to mobile arm support, supinator
Medicaid	KS	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes
Medicaid	KS	E2324	Power wheelchair accessory, chin cup for chin control interface
Medicaid	KS	E2325	Power wheelchair accessory, sip and puff interface, nonproportional
Medicaid	KS	E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
Medicaid	KS	E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional
Medicaid	KS	E2331	Power wheelchair accessory, attendant control, proportional, including all electronics and hardware
Medicaid	KS	E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches
Medicaid	KS	E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
Medicaid	KS	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
Medicaid	KS	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
Medicaid	KS	E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each

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Line of Business	State	Procedure Code	Description
Medicaid	KS	E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
Medicaid	KS	E2360	Power wheelchair accessory, 22 nf non-sealed lead acid battery, each
Medicaid	KS	E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each
Medicaid	KS	E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
Medicaid	KS	E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each
Medicaid	KS	E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type
Medicaid	KS	E2368	Power wheelchair component, drive wheel motor, replacement only
Medicaid	KS	E2369	Power wheelchair component, drive wheel gear box, replacement only
Medicaid	KS	E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
Medicaid	KS	E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
Medicaid	KS	E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each
Medicaid	KS	E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mount
Medicaid	KS	E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE
Medicaid	KS	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	KS	E2311	Power wheelchair accessory, electronic connection between wheelchair controller
Medicaid	KS	E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional
Medicaid	KS	E2313	Power wheelchair accessory, harness for upgrade to expandable controller,
Medicaid	KS	J2941	Injection, somatropin, 1 mg
Medicaid	KS	J3357	Ustekinumab, for subcutaneous injection, 1 mg
Medicaid	KS	J3358	Ustekinumab, for intravenous injection, 1 mg
Medicaid	KS	E2321	Power wheelchair accessory, hand control interface, remote joystick,
Medicaid	KS	E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches
Medicaid	KS	E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
Medicaid	KS	E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each
Medicaid	KS	E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
Medicaid	KS	E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each
Medicaid	KS	E2218	Manual wheelchair accessory, foam propulsion tire, any size, each
Medicaid	KS	E2219	Manual wheelchair accessory, foam caster tire, any size, each
Medicaid	KS	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
Medicaid	KS	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
Medicaid	KS	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
Medicaid	KS	E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
Medicaid	KS	E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
Medicaid	KS	E2227	Manual wheelchair accessory, gear reduction drive wheel, each

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Line of Business	State	Procedure Code	Description
Medicaid	KS	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
Medicaid	KS	E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
Medicaid	KS	E2291	Planar back for ped size wc
Medicaid	KS	E2292	Planar seat for ped size wc
Medicaid	KS	E2293	Contour back for ped size wc
Medicaid	KS	E2294	Contour seat for ped size wc
Medicaid	KS	E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multip
Medicaid	KS	E2201	Manual wheelchair accessory, nonstandard seat frame, width 20-24 in.
Medicaid	KS	E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
Medicaid	KS	E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
Medicaid	KS	E2208	Wheelchair accessory, cylinder tank carrier, each
Medicaid	KS	E2210	Wheelchair accessory, bearings, any type, replacement only, each
Medicaid	KS	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
Medicaid	KS	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
Medicaid	KS	H0037	Community psychiatric supportive treatment program, per diem
Medicaid	KS	E0958	Whlchr Att- Conv 1 Arm Drive
Medicaid	KS	E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
Medicaid	KS	E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
Medicaid	KS	E0969	Wheelchair Narrowing Device
Medicaid	KS	E0980	Wheelchair Safety Vest
Medicaid	KS	E0981	Wheelchair accessory, seat upholstery, replacement only, each
Medicaid	KS	E0982	Wheelchair accessory, back upholstery, replacement only, each
Medicaid	KS	E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized
Medicaid	KS	E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized
Medicaid	KS	E0985	Wheelchair accessory, seat lift mechanism
Medicaid	KS	E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
Medicaid	KS	E0992	Wheelchair Solid Seat Insert
Medicaid	KS	E0995	Wheelchair accessory, calf rest/pad, replacement only, each
Medicaid	KS	E1011	Modification To Pediatric Wheelchair, Width Adjustment Package (Not To
Medicaid	KS	E1014	Reclining Back, Addition To Pediatric Wheelchair
Medicaid	KS	E1015	Shock Absorber For Manual Wheelchair, Each
Medicaid	KS	E1016	Shock Absorber For Power Wheelchair, Each
Medicaid	KS	E1017	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wh
Medicaid	KS	E1018	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Whe
Medicaid	KS	E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware
Medicaid	KS	E1029	Wheelchair accessory, ventilator tray, fixed
Medicaid	KS	E1030	Wheelchair accessory, ventilator tray, gimbaled
Medicaid	KS	E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each

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Line of Business	State	Procedure Code	Description
Medicaid	KS	E1297	Wheelchair Special Seat Dept
Medicaid	KS	E0968	Wheelchair Commode Seat
Medicaid	KS	E0232	Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover
Medicaid	KS	E0870	Tract Frame Attach Footboard
Medicaid	KS	E0880	Trac Stand Free Stand Extrem
Medicaid	KS	E0890	Traction Frame Attach Pelvic
Medicaid	KS	E0900	Trac Stand Free Stand Pelvic
Medicaid	KS	E0830	Ambulatory Traction Device
Medicaid	KS	E1310	Whirlpool Non-Portable
Medicaid	KS	E1300	Whirlpool Portable
Medicaid	KS	C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)
Medicaid	KS	E0735	Non-invasive vagus nerve stimulator
Medicaid	KS	E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
Medicaid	KS	E0955	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each
Medicaid	KS	E0956	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each
Medicaid	KS	E0957	Wheelchair accessory, medial thigh support, prefabricated, including fixed mounting hardware, each
Medicaid	KS	C2618	Probe/needle, cryoablation
Medicaid	KS	A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card
Medicaid	KS	97140	Manual Therapy Techniques, 1+ Regions, Each 15 Min
Medicaid	KS	97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
Medicaid	KS	97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
Medicaid	KS	97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
Medicaid	KS	97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes
Medicaid	KS	97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
Medicaid	KS	97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes

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Line of Business	State	Procedure Code	Description
Medicaid	KS	97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
Medicaid	KS	97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes
Medicaid	KS	96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only
Medicaid	KS	97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less
Medicaid	KS	97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
Medicaid	KS	95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
Medicaid	KS	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)
Medicaid	KS	97124	Therapeutic Proc, 1+ Areas, Each 15 Min; Massage
Medicaid	KS	88289	Chromosome Analysis; Add'l High Resolution Study
Medicaid	KS	90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management
Medicaid	KS	90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session
Medicaid	KS	90869	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Motor Threshold Re-Determination With Delivery And Management
Medicaid	KS	90899	Unlisted Psychiatric Service/Proc
Medicaid	KS	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
Medicaid	KS	88160	Cytopathology, Smears, Other Source; Screening & Interpretation
Medicaid	KS	88161	Cytopathology, Smears, Other Source; Preparation, Screening & Interpretation
Medicaid	KS	88162	Cytopathology, Smears, Other Source; Extended Study, > 5 Slides &/Or Multiple Stains
Medicaid	KS	88271	Molecular Cytogenetics; Dna Probe, Each

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Line of Business	State	Procedure Code	Description
Medicaid	KS	88285	Chromosome Analysis; Add'l Cells Counted, Each Study
Medicaid	KS	64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
Medicaid	KS	64585	Revision or removal of peripheral neurostimulator electrode array
Medicaid	KS	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
Medicaid	KS	36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg
Medicaid	KS	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)
Medicaid	KS	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg
Medicaid	KS	36475	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Radiofrequency; First Vein Treated
Medicaid	KS	36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
Medicaid	KS	36478	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Laser; First Vein Treated
Medicaid	KS	36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
Medicaid	KS	36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
Medicaid	KS	81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)
Medicaid	KS	81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)
Medicaid	KS	81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q)
Medicaid	KS	81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E))
Medicaid	KS	81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)

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Line of Business	State	Procedure Code	Description
Medicaid	KS	81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)
Medicaid	KS	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)
Medicaid	KS	75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis
Medicaid	KS	0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator
Medicaid	KS	0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, in
Medicaid	KS	0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcut
Medicaid	KS	0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfas
Medicaid	KS	0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve
Medicaid	KS	0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve
Medicaid	KS	0588T	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve
Medicaid	KS	33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed
Medicaid	KS	33271	Insertion of subcutaneous implantable defibrillator electrode
Medicaid	KS	47999	Unlisted Proc, Biliary Tract
Medicaid	KS	41135	Glossectomy; Partial, W/Unilat Radical Neck Dissection
Medicaid	KS	37700	Ligation & Division, Long Saphenous Vein, Saphenofemoral Junction/Distal Interruptions
Medicaid	KS	31200	Ethmoidectomy; Intranasal, Anterior
Medicaid	KS	31201	Ethmoidectomy; Intranasal, Total
Medicaid	KS	31205	Ethmoidectomy; Extranasal, Total
Medicaid	KS	E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface
Medicaid	KS	E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type
Medicaid	KS	E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type
Medicaid	KS	E2230	Manual wheelchair accessory, manual standing system

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Line of Business	State	Procedure Code	Description
Medicaid	KS	E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each
Medicaid	KS	K0108	W/C Component-Accessory Nos
Medicaid	KS	Q4101	Apligraf, per square centimeter
Medicaid	KS	Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter
Medicaid	KS	Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm
Medicaid	KS	C1832	Autograft suspension, including cell processing and application, and all system components
Medicaid	KS	C9358	Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm
Medicaid	KS	C9360	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm
Medicaid	KS	C9363	Skin substitute (Integra Meshed Bilayer Wound Matrix), per square cm
Medicaid	KS	S2202	Echosclerotherapy
Medicaid	KS	V2790	Amniotic Membrane
Medicaid	KS	Q4107	Graftjacket, per square centimeter
Medicaid	KS	Q4110	Primatrix, per square centimeter
Medicaid	KS	Q4115	Alloskin, per square centimeter
Medicaid	KS	Q4116	Alloderm, per square centimeter
Medicaid	KS	Q4121	Theraskin, per square centimeter
Medicaid	KS	Q4122	Dermacell, per square centimeter
Medicaid	KS	Q4124	OASIS ultra tri-layer wound matrix, per sq cm
Medicaid	KS	Q4128	FlexHD, AllopatchHD, or Matrix HD, per sq cm
Medicaid	KS	Q4130	Strattice TM, per sq cm
Medicaid	KS	Q4136	Ez-derm, per square centimeter
Medicaid	KS	Q4187	Epicord, per sq cm
Medicaid	KS	Q4283	Biovance tri-layer or biovance 3l, per square centimeter
Medicaid	KS	Q4334	AmnioPlast 1, per sq cm
Medicaid	KS	Q4335	AmnioPlast 2, per sq cm
Medicaid	KS	15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
Medicaid	KS	31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral
Medicaid	KS	15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less
Medicaid	KS	15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
Medicaid	KS	15271	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area
Medicaid	KS	20206	Bx, Muscle, Percutaneous Needle
Medicaid	KS	0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed
Medicaid	KS	0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator
Medicaid	KS	0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging
Medicaid	KS	0811T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment

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Line of Business	State	Procedure Code	Description
Medicaid	KS	0812T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days
Medicaid	KS	0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral
Medicaid	KS	0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, an
Medicaid	KS	J0223	Injection, givosiran, 0.5 mg
Medicaid	KS	J0225	Injection, vutrisiran, 1 mg
Medicaid	KS	J2998	Injection, plasminogen, human-tvmh, 1 mg
Medicaid	KS	J1595	Injection, glatiramer acetate, 20 mg
Medicaid	KS	J2350	Injection, ocrelizumab, 1 mg
Medicaid	KS	J1826	Injection, interferon beta-1a, 30 mcg
Medicaid	KS	J1830	Interferon Beta-1b / .25 Mg
Medicaid	KS	Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use
Medicaid	KS	J1823	Injection, inebilizumab-cdon, 1 mg
Medicaid	KS	J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)
Medicaid	KS	J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)
Medicaid	KS	J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units
Medicaid	KS	Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)
Medicaid	KS	J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous
Medicaid	KS	J0897	Injection, denosumab, 1 mg
Medicaid	KS	J0896	Injection, luspatercept-aamt, 0.25 mg
Medicaid	KS	J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg
Medicaid	KS	J2277	Injection, motixafortide, 0.25 mg
Medicaid	KS	J2562	Injection, Plerixafor, 1 Mg
Medicaid	KS	J7504	Lymphocyte Immune Globulin
Medicaid	KS	J9175	Injection, Eliotts' B solution, 1 ml
Medicaid	KS	J9209	Injection, mesna, 200 mg
Medicaid	KS	Q5105	Injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units
Medicaid	KS	Q5106	Injection, epoetin alfa, biosimilar, (retacrit) (for non-esrd use), 1000 units
Medicaid	KS	Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg
Medicaid	KS	Q5110	Injection, filgrastim-aafi, biosimilar, (nivistym), 1 microgram
Medicaid	KS	Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg
Medicaid	KS	Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZIEXTENZO), 0.5 mg
Medicaid	KS	Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg
Medicaid	KS	A9606	Radium ra-223 dichloride, therapeutic, per microcurie
Medicaid	KS	J3315	Injection, Triptorelin Pamoate, 3.75 Mg
Medicaid	KS	J2326	Injection, nusinersen, 0.1 mg
Medicaid	KS	J9226	Histrelin implant (supprelin LA), 50 mg
Medicaid	KS	J0490	Injection, belimumab, 10 mg
Medicaid	KS	J0491	Injection, anifrolumab-fnia, 1 mg
Medicaid	KS	J3241	Injection, teprotumumab-trbw, 10 mg
Medicaid	KS	J3316	Injection, triptorelin, extended-release, 3.75 mg
Medicaid	KS	J2267	Injection, mirikizumab-mrkz, 1 mg
Medicaid	KS	J9302	Injection, ofatumumab, 10 mg
Medicaid	KS	J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg
Medicaid	KS	J9118	Injection, calaspargase pegol-mknl, 10 units
Medicaid	KS	J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj

## List of items and service that require Prior Authorization

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Line of Business	State	Procedure Code	Description
Medicaid	KS	J9145	Injection, daratumumab, 10 mg
Medicaid	KS	J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine
Medicaid	KS	J9173	Injection, durvalumab, 10 mg
Medicaid	KS	J9176	Injection, elotuzumab, 1 mg
Medicaid	KS	J9204	Injection, mogamulizumab-kpkc, 1 mg
Medicaid	KS	J9207	Injection, ixabepilone, 1 mg
Medicaid	KS	J9223	Injection, lurbinectedin, 0.1 mg
Medicaid	KS	J9227	Injection, isatuximab-irfc, 10 mg
Medicaid	KS	J9229	Injection, inotuzumab ozogamicin, 0.1 mg
Medicaid	KS	J9246	Injection, melphalan (Evomela), 1 mg
Medicaid	KS	J9261	INJECTION, NELARABINE, 50 MG
Medicaid	KS	J9269	Injection, tagraxofusp-erzs, 10 micrograms
Medicaid	KS	J9272	Injection, dostarlimab-gxly, 10 mg
Medicaid	KS	J9273	Injection, tisotumab vedotin-tftv, 1 mg
Medicaid	KS	J9295	Injection, necitumumab, 1 mg
Medicaid	KS	J9301	Injection, obinutuzumab, 10 mg
Medicaid	KS	J9307	Injection, pralatrexate, 1 mg
Medicaid	KS	J9318	Injection, romidepsin, nonlyophilized, 0.1 mg
Medicaid	KS	J9319	Injection, romidepsin, lyophilized, 0.1 mg
Medicaid	KS	J9321	Injection, epcoritamab-bysp, 0.16 mg
Medicaid	KS	J9331	Injection, sirolimus protein-bound particles, 1 mg
Medicaid	KS	J9345	Injection, retifanlimab-dlwr, 1 mg
Medicaid	KS	J9347	Injection, tremelimumab-actl, 1 mg
Medicaid	KS	J9348	Injection, naxitamab-gqgk, 1 m
Medicaid	KS	J9349	Injection, tafasitamab-cxix, 2 mg
Medicaid	KS	J9350	Injection, mosunetuzumab-axgb, 1 mg
Medicaid	KS	J9352	Injection, trabectedin, 0.1 mg
Medicaid	KS	J9353	Injection, margetuximab-cmkb, 5 m
Medicaid	KS	J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk
Medicaid	KS	J9357	Injection, valrubicin, intravesical, 200 mg
Medicaid	KS	J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg
Medicaid	KS	J9380	Injection, teclistamab-cqyv, 0.5 mg
Medicaid	KS	J9600	Injection, porfimer sodium, 75 mg
Medicaid	KS	Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg
Medicaid	KS	Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg
Medicaid	KS	Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg
Medicaid	KS	Q5113	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg
Medicaid	KS	Q5114	Injection, trastuzumab-dkst, biosimilar, (Ogivri), 10 mg
Medicaid	KS	Q5116	Injection, trastuzumab-qypp, biosimilar, (trazimera), 10 mg
Medicaid	KS	Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg
Medicaid	KS	Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
Medicaid	KS	Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg
Medicaid	KS	J3245	Injection, tildrakizumab, 1 mg
Medicaid	KS	Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	KS	Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose

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Line of Business	State	Procedure Code	Description
Medicaid	KS	Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	KS	Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures
Medicaid	KS	J9311	Injection, rituximab 10 mg and hyaluronidase
Medicaid	KS	J9055	Cetuximab injection
Medicaid	KS	Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg
Medicaid	KS	J9303	Injection, panitumumab, 10 mg
Medicaid	KS	Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion
Medicaid	KS	J9400	Injection, ziv-aflibercept, 1 mg
Medicaid	KS	J9271	Injection, pembrolizumab, 1 mg
Medicaid	KS	J9228	Injection, ipilimumab, 1 mg
Medicaid	KS	J0641	Injection, levoleucovorin, 0.5 mg
Medicaid	KS	J0642	Injection, levoleucovorin (khapsory), 0.5 mg
Medicaid	KS	J9264	Injection, paclitaxel protein-bound particles, 1 mg
Medicaid	KS	J9299	Injection, nivolumab, 1 mg
Medicaid	KS	J9022	Injection, atezolizumab, 10 mg
Medicaid	KS	J1323	Injection, elranatamab-bcmm, 1 mg
Medicaid	KS	J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg
Medicaid	KS	J9023	Injection, avelumab, 10 mg
Medicaid	KS	J9025	Injection, azacitidine, 1 mg
Medicaid	KS	J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose
Medicaid	KS	J9032	Injection, belinostat, 10 mg
Medicaid	KS	J9034	Injection, bendamustine hcl (bendeka), 1 mg
Medicaid	KS	J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg
Medicaid	KS	J9039	Injection, blinatumomab, 1 microgram
Medicaid	KS	J9041	Injection, bortezomib (Velcade), 0.1 mg
Medicaid	KS	J9042	Injection, brentuximab vedotin, 1 mg
Medicaid	KS	J9047	Injection, carfilzomib, 1 mg
Medicaid	KS	J9048	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg
Medicaid	KS	J9049	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg
Medicaid	KS	J9050	Injection, carmustine, 100 mg
Medicaid	KS	J9051	Injection, bortezomib (MAIA), not therapeutically equivalent to J9041, 0.1 mg
Medicaid	KS	J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg
Medicaid	KS	J9057	Injection, copanlisib, 1 mg
Medicaid	KS	J9061	Injection, amivantamab-vmjw, 2 mg
Medicaid	KS	J1426	Injection, casimersen, 10 mg
Medicaid	KS	J1427	Injection, viltolarsen, 10 mg
Medicaid	KS	J1428	Injection, eteplirsen, 10 mg
Medicaid	KS	J1429	Injection, golodirsen, 10 mg
Medicaid	KS	J1743	Injection, idursulfase, 1 mg
Medicaid	KS	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg
Medicaid	KS	J1786	Injection, imiglucerase, 10 units

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Line of Business	State	Procedure Code	Description
Medicaid	KS	J9309	Injection, polatuzumab vedotin-piiq, 1 mg
Medicaid	KS	J3385	Injection, velaglucerase alfa, 100 units
Medicaid	KS	J3060	Injection, taliglucerase alfa, 10 units
Medicaid	KS	J0217	Injection, velmanase alfa-tycv, 1 mg
Medicaid	KS	J0218	Injection, olipudase alfa-rpcp, 1 mg
Medicaid	KS	J0219	Injection, avalglucosidase alfa-ngpt, 4 mg
Medicaid	KS	J1203	Injection, cipaglucosidase alfa-atga, 5 mg
Medicaid	KS	J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg
Medicaid	KS	J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU
Medicaid	KS	J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> pfu/ml vector genomes, per 0.1 ml
Medicaid	KS	J3110	Teriparatide injection
Medicaid	KS	J9332	Injection, efgartigimod alfa-fcab, 2mg
Medicaid	KS	J9333	Injection, rozanolixizumab-noli, 1 mg
Medicaid	KS	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
Medicaid	KS	J1305	Injection, evinacumab-dgnb, 5 mg
Medicaid	KS	J1306	Injection, inclisiran, 1 mg
Medicaid	KS	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	KS	J1554	Injection, immune globulin (asceniv), 500 mg
Medicaid	KS	J1555	Injection, immune globulin (Cuvitru), 100 mg
Medicaid	KS	J1556	Injection, immune globulin (bivigam), 500 mg
Medicaid	KS	J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	KS	J1559	Injection, immune globulin (hizentra), 100 mg
Medicaid	KS	J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg
Medicaid	KS	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
Medicaid	KS	J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	KS	J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg
Medicaid	KS	J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	KS	J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin
Medicaid	KS	J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
Medicaid	KS	J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg
Medicaid	KS	J1560	Injection, gamma globulin, intramuscular, over 10 cc
Medicaid	KS	J0638	Injection, canakinumab, 1 mg
Medicaid	KS	J3031	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
Medicaid	KS	J3111	Injection, romosozumab-aqqg, 1 mg
Medicaid	KS	J0222	Injection, Patisiran, 0.1 mg
Medicaid	KS	J0180	Agalsidase beta injection
Medicaid	KS	J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg

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Line of Business	State	Procedure Code	Description
Medicaid	KS	J0174	Injection, lecanemab-irmb, 1 mg
Medicaid	KS	J0402	Injection, aripiprazole (abilify asimtufii), 1 mg
Medicaid	KS	J1631	Haloperidol Decanoate Inj
Medicaid	KS	J1943	Injection, aripiprazole lauroxil, (aristada initio), 1 mg
Medicaid	KS	J1944	Injection, aripiprazole lauroxil, (aristada), 1 mg
Medicaid	KS	J2062	Loxapine for inhalation, 1 mg
Medicaid	KS	J2359	Injection, olanzapine, 0.5 mg
Medicaid	KS	J2426	Injection, paliperidone palmitate extended release, 1 mg
Medicaid	KS	J2427	Injection, paliperidone palmitate extended release (invega hafyera, or invega trinza), 1 mg
Medicaid	KS	J2680	Fluphenazine Decanoate 25 Mg
Medicaid	KS	J2794	Injection, risperidone (RISPERDAL CONSTA), 0.5 mg
Medicaid	KS	J2798	Injection, risperidone, (perseris), 0.5 mg
Medicaid	KS	J3230	Chlorpromazine Hcl Injection
Medicaid	KS	J2357	Injection, omalizumab, 5 mg
Medicaid	KS	J2182	Injection, mepolizumab, 1 mg
Medicaid	KS	J0517	Injection, benralizumab, 1 mg
Medicaid	KS	J0587	Injection, Rimabotulinumtoxinb, 100 Units
Medicaid	KS	J0586	Injection, Abobotulinumtoxina, 5 Units
Medicaid	KS	J0588	Injection, incobotulinumtoxinA, 1 unit
Medicaid	KS	Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	KS	0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])
Medicaid	KS	0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only
Medicaid	KS	J0208	Injection, sodium thiosulfate, 100 mg
Medicaid	KS	S9364	Home infusion therapy, total parenteral nutrition (TPN) (do not use with home infusion codes S9365-S9368 using daily vol
Medicaid	KS	S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day
Medicaid	KS	S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day
Medicaid	KS	S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liter but no more than three liters per day
Medicaid	KS	S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liter per day
Medicaid	KS	T1002	RN services, up to 15 minutes
Medicaid	KS	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL,
Medicaid	KS	S2140	Cord Blood Harvesting
Medicaid	KS	S2142	Cord Blood-Derived Stem-Cell
Medicaid	KS	S2150	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including phe
Medicaid	KS	S2235	Implantation of auditory brain stem implant
Medicaid	KS	S2348	Decompress disc RF lumbar

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Line of Business	State	Procedure Code	Description
Medicaid	KS	S2400	Repair, congenital hernia in the fetus, procedure performed in utero
Medicaid	KS	S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero
Medicaid	KS	S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero
Medicaid	KS	S2404	Repair, myelomeningocele in the fetus, procedure performed in utero
Medicaid	KS	S2405	Repair Of Sacrococcygeal Teratoma In The Fetus, Procedure Performed In
Medicaid	KS	S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified
Medicaid	KS	S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)
Medicaid	KS	T1030	Nursing Care, In The Home, By Registered Nurse, Per Diem
Medicaid	KS	S9124	Nursing care, in the home; by licensed practical nurse, per hour
Medicaid	KS	L8679	Implantable neurostimulator, pulse generator, any type
Medicaid	KS	L8680	Implantable neurostimulator electrode, each
Medicaid	KS	L8682	Implantable neurostimulator radiofrequency receiver
Medicaid	KS	L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
Medicaid	KS	L8699	Prosthetic Implant Nos
Medicaid	KS	21199	Osteotomy, Mandible, Segmental; W/Genioglossus Advancement
Medicaid	KS	L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert
Medicaid	KS	L5682	Bk Thigh Lacer Glut/Ischia M
Medicaid	KS	L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert
Medicaid	KS	L5700	Replace Socket Below Knee
Medicaid	KS	L5701	Replace Socket Above Knee
Medicaid	KS	L5702	Replace Socket Hip
Medicaid	KS	L5840	Multi-Axial Knee/Shin System
Medicaid	KS	L5845	Knee-Shin Sys Stance Flexion
Medicaid	KS	L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
Medicaid	KS	L5930	High Activity Knee Frame
Medicaid	KS	L5960	Endo Hip Ultra-Light Materia
Medicaid	KS	L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control
Medicaid	KS	L5968	Multiaxial Ankle W Dorsiflex
Medicaid	KS	L5979	Multi-Axial Ankle/Ft Prosth
Medicaid	KS	L5980	Flex Foot System
Medicaid	KS	L5981	Flex-Walk Sys Low Ext Prosth
Medicaid	KS	L5987	Shank Ft W Vert Load Pylon
Medicaid	KS	L5988	Vertical Shock Reducing Pylo
Medicaid	KS	L5999	Lower Extremity Prothes Nos
Medicaid	KS	L7510	Prosthetic Device Repair Rep
Medicaid	KS	L7520	Repair Prosthesis Per 15 Min
Medicaid	KS	L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement
Medicaid	KS	L5611	Ak 4 Bar Link W/Fric Swing

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Line of Business	State	Procedure Code	Description
Medicaid	KS	L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
Medicaid	KS	L5613	Ak 4 Bar Ling W/Hydraul Swig
Medicaid	KS	L5614	4-Bar Link Above Knee W/Swng
Medicaid	KS	L5822	Endo Knee-Shin Pneum Swg Frc
Medicaid	KS	L5610	Above Knee Hydracandence
Medicaid	KS	K0008	Custom manual wheelchair/base
Medicaid	KS	K0009	Other Manual Wheelchair/Base
Medicaid	KS	K0900	Customized durable medical equipment, other than wheelchair
Medicaid	KS	L1499	Spinal Orthosis Nos
Medicaid	KS	L5010	Mold Socket Ank Hgt W/ Toe F
Medicaid	KS	L5020	Tibial Tubercle Hgt W/ Toe F
Medicaid	KS	L5050	Ank Symes Mold Sckt Sach Ft
Medicaid	KS	L5100	Molded Socket Shin Sach Foot
Medicaid	KS	L5200	Kne Sing Axis Fric Shin Sach
Medicaid	KS	L5210	No Knee/Ankle Joints W/ Ft B
Medicaid	KS	L5220	No Knee Joint With Artic Ali
Medicaid	KS	L5280	Hemipelvect Canad Sing Axis
Medicaid	KS	L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system
Medicaid	KS	L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system
Medicaid	KS	L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee
Medicaid	KS	K0006	Heavy Duty Wheelchair
Medicaid	KS	L5540	Prep Bk Ptb Laminated Socket
Medicaid	KS	L5580	Prep Ak Ischial Thermo Mold
Medicaid	KS	L5590	Prep Ak Ischial Laminated
Medicaid	KS	19367	Breast Reconstruction W/Myocutaneous (Tram) Flap, Single Pedicle W/Closure Donor Site;
Medicaid	KS	19368	Breast Reconstruction W/Myocutan (Tram) Flap, Single Pedicle W/Closure Donor Site; W/Microvasc Anast
Medicaid	KS	19369	Breast Reconstruction W/Myocutaneous (Tram) Flap, Double Pedicle W/Closure Donor Site
Medicaid	KS	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy, abdomen, infraumbilical panniculectomy)
Medicaid	KS	J0614	Injection, treosulfan, 50 mg
Medicaid	KS	J9011	Injection, datopotamab deruxtecán-dlnk, 1 mg
Medicaid	KS	J9276	Injection, zanidatamab-hrii, 2 mg
Medicaid	KS	J9341	Injection, thiotepa (tepylute), 1 mg
Medicaid	KS	Q5098	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg
Medicaid	KS	15821	Blepharoplasty, Lower Eyelid; W/Extensive Herniated Fat Pad
Medicaid	KS	22207	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo
Medicaid	KS	23130	Acromioplasty/Acromionectomy, Partial, W/Wo Coracoacromial Ligament Release
Medicaid	KS	63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis])
Medicaid	KS	63300	Vertebral Corpectomy, 1 Segment; Extradural, Cervical

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Line of Business	State	Procedure Code	Description
Medicaid	KS	63685	Incision/Placement, Spinal Neurostimulator Pulse Generator/Receiver
Medicaid	KS	63088	Vertebral Corpectomy, Thoracolumbar, Lower Thoracic/Lumbar; Add'l Segment
Medicaid	KS	62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar
Medicaid	KS	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
Medicaid	KS	20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)
Medicaid	KS	74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)
Medicaid	KS	95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
Medicaid	KS	81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores
Medicaid	KS	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
Medicaid	KS	63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More Vertebral Segments;
Medicaid	KS	23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
Medicaid	KS	22558	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Lumbar
Medicaid	KS	78466	Myocardial Imaging, Infarct Avid, Planar; Qualitative/Quantitative
Medicaid	KS	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral
Medicaid	KS	76965	Us Guided, Interstitial Radioelement Application
Medicaid	KS	22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
Medicaid	KS	41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transn
Medicaid	KS	31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intr
Medicaid	KS	70481	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/Contrast
Medicaid	KS	73700	Ct Scan, Lower Extremity; W/O Contrast
Medicaid	KS	72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	KS	71260	Ct Scan, Thorax; W/Contrast Mat(S)

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Line of Business	State	Procedure Code	Description
Medicaid	KS	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
Medicaid	KS	63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
Medicaid	KS	67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of
Medicaid	KS	93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com
Medicaid	KS	0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)
Medicaid	KS	22208	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo
Medicaid	KS	20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)
Medicaid	KS	20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)
Medicaid	KS	22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervi
Medicaid	KS	22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)
Medicaid	KS	75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)
Medicaid	KS	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Medicaid	KS	A7032	Cushion for use on nasal mask interface, replacement only, each
Medicaid	KS	27409	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Collateral & Cruciate Ligaments
Medicaid	KS	A7035	Headgear Used With Positive Airway Pressure Device
Medicaid	KS	63076	Diskectomy, Anterior; Cervical, Add'l Interspace
Medicaid	KS	63265	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Cervical
Medicaid	KS	63250	Laminectomy, Excision/Occlusion, Avm, Spinal Cord; Cervical
Medicaid	KS	23460	Capsulorrhaphy, Anterior, Any Type; W/Bone Block
Medicaid	KS	27130	Arthroplasty, Acetabular/Proximal Femoral Prosthetic Replacement, W/Wo Autograft/Allograft
Medicaid	KS	29805	Arthroscopy, Shoulder, Dx, W/Wo Synovial Bx (Sep Proc)
Medicaid	KS	29820	Arthroscopy, Shoulder, Surgical; Synovectomy, Partial
Medicaid	KS	29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
Medicaid	KS	29882	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial/Lateral
Medicaid	KS	29886	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion
Medicaid	KS	63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex
Medicaid	KS	63075	Diskectomy, Anterior; Cervical, 1 Interspace

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Line of Business	State	Procedure Code	Description
Medicaid	KS	63040	Laminotomy W/Partl Facetectomy/Foramnotmy/Herniated Dissect, Re-Exploratr, Sngle Interspc; Cervical
Medicaid	KS	22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)
Medicaid	KS	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
Medicaid	KS	22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)
Medicaid	KS	63090	Vertebral Corpectomy, Transperitoneal/Retroperitoneal, Lower Thoracic/Lumbar/Sacral; 1 Segment
Medicaid	KS	63277	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural, Lumbar
Medicaid	KS	63290	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural-Intradural Lesion, Any Level
Medicaid	KS	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Press
Medicaid	KS	27405	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Collateral
Medicaid	KS	A7037	Tubing Used With Positive Airway Pressure Device
Medicaid	KS	S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)
Medicaid	KS	27447	Arthroplasty, Knee, Condyle & Plateau; Medial & Lateral Compartments, W/Wo Patella Resurfacing
Medicaid	KS	63042	Laminotomy W/Partl Facetectomy/Foraminotomy/Herniated Dissect, Re-Explor, Sngle Interspc; Lumbar
Medicaid	KS	63048	Laminectomy, Facetectomy & Foraminotomy; Add'l Segment, Cervical/Thoracic/Lumbar
Medicaid	KS	27280	Arthrodesis, Sacroiliac Joint (Including Obtaining Graft)
Medicaid	KS	55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed
Medicaid	KS	77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
Medicaid	KS	63085	Vertebral Corpectomy, Transthoracic; Thoracic, 1 Segment
Medicaid	KS	G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow,
Medicaid	KS	93930	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study
Medicaid	KS	74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing
Medicaid	KS	72159	Mra, Spine W/Wo Contrast
Medicaid	KS	71270	Ct Scan, Thorax; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	KS	70546	Mra, Head; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	KS	70450	Ct Scan, Head/Brain; W/O Contrast Matl
Medicaid	KS	63303	Vertebral Corpectomy, 1 Segment; Extradural, Lumbar/Sacral, Transperitoneal/Retroperitoneal Approach

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Line of Business	State	Procedure Code	Description
Medicaid	KS	19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad
Medicaid	KS	93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)
Medicaid	KS	22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic
Medicaid	KS	22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicaid	KS	22818	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 1-2 Segs
Medicaid	KS	27120	Acetabuloplasty;
Medicaid	KS	22632	Arthrodesis, Post Interbody W/Laminect &/Or Diskect, Prep Interspace, Sngl Intrspc; Add'l Interspc
Medicaid	KS	22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
Medicaid	KS	22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
Medicaid	KS	22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separa
Medicaid	KS	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumba
Medicaid	KS	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for
Medicaid	KS	63185	Laminectomy with rhizotomy; 1 or 2 segments
Medicaid	KS	63655	Laminectomy, Implantation, Neurostimulator Electrodes, Plate/Paddle, Epidural
Medicaid	KS	63190	Laminectomy with rhizotomy; more than 2 segments
Medicaid	KS	93462	Left heart catheterization by transeptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)
Medicaid	KS	93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)
Medicaid	KS	93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaortic aortography (List separately in addition to code for primary procedure)
Medicaid	KS	0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material
Medicaid	KS	0648T	Quantitative magnetic resonance for analysis of tissue composition (eg
Medicaid	KS	0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)
Medicaid	KS	0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)
Medicaid	KS	0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)
Medicaid	KS	0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)

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Line of Business	State	Procedure Code	Description
Medicaid	KS	20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (a
Medicaid	KS	20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separat
Medicaid	KS	20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments
Medicaid	KS	20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)
Medicaid	KS	22556	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Thoracic
Medicaid	KS	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
Medicaid	KS	22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment
Medicaid	KS	22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
Medicaid	KS	22216	Osteotomy, Spine, Posterior/Posterolateral Approach, 1 Vertebral Segment; Add'l Segment
Medicaid	KS	22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic
Medicaid	KS	22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
Medicaid	KS	22206	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo
Medicaid	KS	22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar
Medicaid	KS	22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical
Medicaid	KS	22808	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 2 To 3 Vertebral Segments
Medicaid	KS	22810	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 4 To 7 Vertebral Segments
Medicaid	KS	22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
Medicaid	KS	22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)
Medicaid	KS	22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
Medicaid	KS	22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)
Medicaid	KS	22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoax
Medicaid	KS	22830	Exploration of Spinal Fusion
Medicaid	KS	22812	Spinal Fixation, Wiring, Spinous Processes

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Line of Business	State	Procedure Code	Description
Medicaid	KS	27122	Acetabuloplasty; Resection, Femoral Head
Medicaid	KS	27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
Medicaid	KS	27488	Removal, Knee Prosthesis, Methylmethacrylate W/Wo Spacer Insertion
Medicaid	KS	27487	Revision, Total Knee Arthroplasty; Femoral & Entire Tibial Component
Medicaid	KS	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
Medicaid	KS	55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without
Medicaid	KS	55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radi
Medicaid	KS	55860	Exposure, Prostate, Any Approach, Radiation Insertion
Medicaid	KS	57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
Medicaid	KS	55865	Exposure, Prostate, Any Approach, Radiation Insertion; W/Bilat Pelvic Lymphadenectomy
Medicaid	KS	55862	Exposure, Prostate, Any Approach, Radiation Insertion; W/Lymph Node Bx (Limited Pelvic Lymphadenect)
Medicaid	KS	63016	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, > 2 Segments; Thoracic
Medicaid	KS	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (Lis
Medicaid	KS	63003	Laminectomy, W/O Facetectomy/Foraminotomy/Discectomy, 1/2 Segments; Thoracic
Medicaid	KS	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
Medicaid	KS	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
Medicaid	KS	61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (Li
Medicaid	KS	58346	Insertion, Heyman Capsules, Clinical Brachytherapy
Medicaid	KS	63301	Vertebral Corpectomy, 1 Segment; Extradural, Thoracic, Transthoracic Approach
Medicaid	KS	63305	Vertebral Corpectomy, 1 Segment; Intradural, Thoracic, Transthoracic Approach
Medicaid	KS	63302	Vertebral Corpectomy, 1 Segment; Extradural, Thoracic, Thoracolumbar Approach
Medicaid	KS	63086	Vertebral Corpectomy, Transthoracic; Thoracic, Add'l Segment
Medicaid	KS	63046	Laminectomy, Facetectomy & Foraminotomy, 1 Segment; Thoracic
Medicaid	KS	70460	Ct Scan, Head/Brain; W/Contrast Matl(S)
Medicaid	KS	70491	Ct Scan, Soft Tissue Neck; W/Contrast Matl(S)
Medicaid	KS	70336	Mri, Temporomandibular Joints
Medicaid	KS	70490	Ct Scan, Soft Tissue Neck; W/O Contrast Matl

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Line of Business	State	Procedure Code	Description
Medicaid	KS	70488	Ct Scan, Maxillofacial Area; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	KS	70487	Ct Scan, Maxillofacial Area; W/Contrast Mat(S)
Medicaid	KS	70486	Ct Scan, Maxillofacial Area; W/O Contrast Matl
Medicaid	KS	70482	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/O Contrast, Then W/Contrast
Medicaid	KS	70480	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/O Contrast
Medicaid	KS	70470	Ct Scan, Head/Brain; W/O Contrast, Then W/Contrast
Medicaid	KS	81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy
Medicaid	KS	72128	Computed tomography, thoracic spine; without contrast material
Medicaid	KS	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)
Medicaid	KS	64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint
Medicaid	KS	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
Medicaid	KS	64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code)
Medicaid	KS	64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral
Medicaid	KS	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
Medicaid	KS	63688	Revision/Removal, Implanted Spinal Neurostimulator Pulse Generator/Receiver
Medicaid	KS	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including flu
Medicaid	KS	63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separat
Medicaid	KS	63308	Vertebral Corpectomy, Add'l Segment
Medicaid	KS	63307	Vertebral Corpectomy, 1 Segment; Intradural, Lumbar/Sacral, Transperitoneal/Retroperitoneal Approach
Medicaid	KS	63306	Vertebral Corpectomy, 1 Segment; Intradural, Thoracic, Thoracolumbar Approach
Medicaid	KS	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and ima
Medicaid	KS	72158	Mri, Spine W/O Contrast, Then W/Contrast; Lumbar
Medicaid	KS	72157	Mri, Spine W/O Contrast, Then W/Contrast; Thoracic
Medicaid	KS	72156	Mri, Spine W/O Contrast, Then W/Contrast; Cervical
Medicaid	KS	72131	Computed tomography, lumbar spine; without contrast material
Medicaid	KS	72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	KS	72129	Computed tomography, thoracic spine; with contrast material

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Line of Business	State	Procedure Code	Description
Medicaid	KS	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT
Medicaid	KS	72126	Computed tomography, cervical spine; with contrast material
Medicaid	KS	72125	Computed tomography, cervical spine; without contrast material
Medicaid	KS	71555	Mra, Chest (Exclude Myocardium), W/Wo Contrast Mat(S)
Medicaid	KS	71552	Mri, Chest; W/O Contrast Mat(S), Followed By Contrast Mat(S) & Further Sequences
Medicaid	KS	71551	Mri, Chest; W/Contrast Mat(S)
Medicaid	KS	71550	Mri, Chest; W/O Contrast Mat(S)
Medicaid	KS	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	KS	71250	Ct Scan, Thorax; W/O Contrast Matl
Medicaid	KS	70553	Mri, Brain; W/O Contrast, Then W/Contrast & Further Sequences
Medicaid	KS	70552	Mri, Brain; W/Contrast
Medicaid	KS	70551	Mri, Brain; W/O Contrast
Medicaid	KS	70548	Mra, Neck; W/Contrast Matl(S)
Medicaid	KS	70547	Mra, Neck; W/O Contrast Matl(S)
Medicaid	KS	70545	Mra, Head; W/Contrast Matl(S)
Medicaid	KS	70544	Mra, Head; W/O Contrast Matl(S)
Medicaid	KS	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
Medicaid	KS	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	KS	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	KS	70492	Ct Scan, Neck Tissue; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	KS	74177	Computed tomography, abdomen and pelvis; with contrast material(s)
Medicaid	KS	74176	Computed tomography, abdomen and pelvis; without contrast material
Medicaid	KS	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and im
Medicaid	KS	74170	Ct Scan, Abdomen; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	KS	74160	Computed tomography, abdomen; with contrast material(s)
Medicaid	KS	74150	Ct Scan, Abdomen; W/O Contrast
Medicaid	KS	73725	Mra, Lower Extremity, W/Wo Contrast
Medicaid	KS	73721	Mri, Any Joint, Lower Extremity; W/O Contrast Matl
Medicaid	KS	73720	Mri, Lower Extremity, Other Than Joint; W/O Contrast Matl(S), Followed Contrast Matl(S) & Furthr Seq
Medicaid	KS	73718	Mri, Lower Extremity Other Than Joint; W/O Contrast Matl(S)
Medicaid	KS	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed
Medicaid	KS	73702	Ct Scan, Lower Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	KS	73225	Mra, Upper Extremity, W/Wo Contrast
Medicaid	KS	73223	Mri, Any Joint Of Upper Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequ
Medicaid	KS	73219	Mri, Upper Extremity, Other Than Joint; W/Contrast Matl(S)
Medicaid	KS	73218	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S)
Medicaid	KS	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed

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Line of Business	State	Procedure Code	Description
Medicaid	KS	73202	Ct Scan, Upper Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	KS	72198	Mra, Pelvis, W/Wo Contrast
Medicaid	KS	72197	Mri, Pelvis; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	KS	72196	Mri, Pelvis; W/Contrast Matl(S)
Medicaid	KS	72195	Mri, Pelvis; W/O Contrast Matl(S)
Medicaid	KS	72194	Ct Scan, Pelvis; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	KS	72193	Ct Scan, Pelvis; W/Contrast
Medicaid	KS	72192	Ct Scan, Pelvis; W/O Contrast
Medicaid	KS	77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)
Medicaid	KS	77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)
Medicaid	KS	77295	3-dimensional radiotherapy plan, including dose-volume histograms
Medicaid	KS	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
Medicaid	KS	77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
Medicaid	KS	77047	Magnetic resonance imaging, breast, without contrast material; bilateral
Medicaid	KS	77046	Magnetic resonance imaging, breast, without contrast material; unilateral
Medicaid	KS	76873	Echography, Transrectal; Prostate Volume Study, Brachytherapy Planning
Medicaid	KS	76391	Magnetic resonance (eg, vibration) elastography
Medicaid	KS	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast materi
Medicaid	KS	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Medicaid	KS	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;
Medicaid	KS	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single of first gestation
Medicaid	KS	74185	Mra, Abdomen, W/Wo Contrast
Medicaid	KS	74183	Mri, Abdomen; W/O Contrast Matl(S) Followed By Contrast Matl(S) & Further Sequences
Medicaid	KS	72149	Mri, Lumbar Spine; W/Contrast
Medicaid	KS	72148	Mri, Lumbar Spine; W/O Contrast
Medicaid	KS	72147	Mri, Thoracic Spine; W/Contrast
Medicaid	KS	72146	Mri, Thoracic Spine; W/O Contrast
Medicaid	KS	72142	Mri, Cervical Spine; W/Contrast
Medicaid	KS	72141	Mri, Cervical Spine; W/O Contrast
Medicaid	KS	72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	KS	72132	Computed tomography, lumbar spine; with contrast material
Medicaid	KS	74182	Mri, Abdomen; W/Contrast Matl(S)
Medicaid	KS	74181	Mri, Abdomen; W/O Contrast Matl(S)
Medicaid	KS	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
Medicaid	KS	78813	Positron emission tomography (PET) imaging; whole body

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Medicaid	KS	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Medicaid	KS	78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Rest, Spect, & Ejection Fraction W/Wo Quantification
Medicaid	KS	78483	Cardiac Blood Pool Imaging, Planar, 1st Pass; Mult Studies, Rest & Stress & Eject Fractn W/Wo Quant
Medicaid	KS	78481	Cardiac Blood Pool Imaging, Planar, 1st Pass; Single Study & Ejection Fraction W/Wo Quantification
Medicaid	KS	78473	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Multiple Studies, Rest/Stress
Medicaid	KS	78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study, Rest/Stress
Medicaid	KS	78469	Myocardial Imaging, Infarct Avid, Planar; Tomographic Spect W/Wo Quantification
Medicaid	KS	78468	Myocardial Imaging, Infarct Avid, Planar; W/Ejection Fraction, 1st Pass Technique
Medicaid	KS	78454	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	KS	78453	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	KS	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	KS	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	KS	77790	Supervision, Handling, Loading, Radiation Source
Medicaid	KS	77778	Interstitial Radioelement Application; Complex
Medicaid	KS	77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions
Medicaid	KS	77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel
Medicaid	KS	77763	Intracavitary Radiation Source Application; Complex
Medicaid	KS	77761	Intracavitary Radiation Source Application; Simple
Medicaid	KS	77525	Proton Treatment Delivery; Complex
Medicaid	KS	77523	Proton Treatment Delivery; Intermediate
Medicaid	KS	77522	Proton Treatment Delivery; Simple W/Compensation
Medicaid	KS	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en
Medicaid	KS	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist
Medicaid	KS	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist
Medicaid	KS	77370	Special Medical Radiation Physics Consultation
Medicaid	KS	93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization

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Line of Business	State	Procedure Code	Description
Medicaid	KS	93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography
Medicaid	KS	93317	Echocardiography, Transesophageal, Congenital Anomalies; Image, Interpretation & Report
Medicaid	KS	93316	Echocardiography, Transesophageal, Congenital Anomalies; Transesophageal Probe Placement Only
Medicaid	KS	93315	Echocardiography, Transesophageal, Congenital Anomalies; W/Probe, Image, Intepretation & Report
Medicaid	KS	93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acq
Medicaid	KS	93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including
Medicaid	KS	93303	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Complete
Medicaid	KS	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	KS	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	KS	92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
Medicaid	KS	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score
Medicaid	KS	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	KS	77520	Proton Treatment Delivery; Simple W/O Compensation
Medicaid	KS	77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
Medicaid	KS	78816	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning.

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Line of Business	State	Procedure Code	Description
Medicaid	KS	78815	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning
Medicaid	KS	E0470	Respiratory assist device, bi-level pressure capability, without backup rate
Medicaid	KS	C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)
Medicaid	KS	C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
Medicaid	KS	C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
Medicaid	KS	C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
Medicaid	KS	C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	KS	93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, dur
Medicaid	KS	93979	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Unilat/Limited
Medicaid	KS	93978	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Complete Study
Medicaid	KS	93926	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study
Medicaid	KS	93925	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study

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Line of Business	State	Procedure Code	Description
Medicaid	KS	93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study
Medicaid	KS	93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)
Medicaid	KS	93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)
Medicaid	KS	93882	Duplex Scan, Extracranial Arteries; Unilat/Limited Study
Medicaid	KS	93880	Duplex Scan, Extracranial Arteries; Complete Bilat Study
Medicaid	KS	93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
Medicaid	KS	93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
Medicaid	KS	93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
Medicaid	KS	23472	Arthroplasty, Glenohumeral Joint; Total Shoulder
Medicaid	KS	22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or mo

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Line of Business	State	Procedure Code	Description
Medicaid	KS	22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12
Medicaid	KS	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 v
Medicaid	KS	22802	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 7 To 12 Vertebral Segments
Medicaid	KS	22800	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; Up To 6 Vertebral Segments
Medicaid	KS	22630	Arthrodesis, Post Interbody W/Laminectomy &/Or Discect, Prep Interspace, Single Interspace; Lumbar
Medicaid	KS	22600	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Cervical Below C2
Medicaid	KS	S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy
Medicaid	KS	Q3001	Brachytherapy Radioelements
Medicaid	KS	J7330	Cultured Chondrocytes Implnt
Medicaid	KS	C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
Medicaid	KS	C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	KS	C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc
Medicaid	KS	C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc
Medicaid	KS	G0458	Low dose rate (ldr) prostate brachytherapy services, composite rate
Medicaid	KS	G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart r
Medicaid	KS	G0340	Robt lin-radsurg fractx 2-5
Medicaid	KS	G0289	Arthroscopy, Knee, Surgical, For Removal Of Loose Body, Foreign Body,
Medicaid	KS	G0260	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Ste
Medicaid	KS	E0748	Elec Osteogen Stim Spinal
Medicaid	KS	E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment
Medicaid	KS	E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes
Medicaid	KS	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate
Medicaid	KS	93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com
Medicaid	KS	92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel
Medicaid	KS	77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels

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Line of Business	State	Procedure Code	Description
Medicaid	KS	77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels
Medicaid	KS	63270	Laminectomy, Excision, Intraspinous Lesion Other Than Neoplasm, Intradural; Cervical
Medicaid	KS	63287	Laminectomy, Bx/Excision, Intraspinous Neoplasm; Intradural, Intramedullary, Thoracolumbar
Medicaid	KS	63282	Laminectomy, Bx/Excision, Intraspinous Neoplasm; Intradural, Extramedullary, Lumbar
Medicaid	KS	63272	Laminectomy, Excision, Intraspinous Lesion Other Than Neoplasm, Intradural; Lumbar
Medicaid	KS	63001	Laminectomy, W/O Facetectomy/Foraminotomy/Discectomy, 1/2 Segments; Cervical
Medicaid	KS	63200	Laminectomy, W/Release, Tethered Spinal Cord, Lumbar
Medicaid	KS	63051	Laminoplasty, Cerv, W Decompression Of Spinal Cord, 2 Or > Verteb Segments; W Reconstruction Of Posterior Bony Elements
Medicaid	KS	63015	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, > 2 Segments; Cervical
Medicaid	KS	27134	Revision, Total Hip Arthroplasty; Both Components, W/Wo Autograft/Allograft
Medicaid	KS	27138	Revision, Total Hip Arthroplasty; Femoral Component Only, W/Wo Allograft
Medicaid	KS	23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
Medicaid	KS	93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, fol
Medicaid	KS	32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment
Medicaid	KS	19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad
Medicaid	KS	20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)
Medicaid	KS	19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
Medicaid	KS	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
Medicaid	KS	64510	Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)
Medicaid	KS	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)
Medicaid	KS	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
Medicaid	KS	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level

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Line of Business	State	Procedure Code	Description
Medicaid	KS	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
Medicaid	KS	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)
Medicaid	KS	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
Medicaid	KS	64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
Medicaid	KS	61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)
Medicaid	KS	C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromio
Medicaid	KS	C7552	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit
Medicaid	KS	C7553	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit
Medicaid	KS	C7517	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with iliac and/or femoral artery angiograph
Medicaid	KS	0649T	Quantitative magnetic resonance for analysis of tissue composition (eg
Medicaid	KS	20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)
Medicaid	KS	78496	Cardiac Blood Pool Imaging, Gated Equilibrium, Single Study, Rest, Rt Vent Ejection Fract, 1st Pass
Medicaid	KS	78814	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. These radionuclides must be produced in a cyclotron or generator that can bombard chemicals with neutrons to produce unstable, short-lived radioisotopes, such as carbon-11, nitrogen-13, and oxygen-15. These can be readily incorporated into common and important, biological body compounds for administration. Data from this kind of imaging yields metabolic or biochemical function information depending on the type of molecule tagged. In PET tumor imaging, information about the tumor's glucose and oxygen utilization is obtained, which reveals the tumor's behavior compared to normal tissue or benign tumors. Report 78811 for PET imaging of a limited area such as the chest alone; 78812 for imaging from the skull base to the mid-thigh; and 78813 for imaging of the whole body.
Medicaid	KS	78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation

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Line of Business	State	Procedure Code	Description
Medicaid	KS	62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar
Medicaid	KS	70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofun
Medicaid	KS	70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part m
Medicaid	KS	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
Medicaid	KS	27345	Excision, Synovial Cyst, Popliteal Space
Medicaid	KS	20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)
Medicaid	KS	95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist
Medicaid	KS	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Medicaid	KS	95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
Medicaid	KS	95807	Sleep Study, Attended
Medicaid	KS	95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory
Medicaid	KS	95805	Multiple Sleep Latency Test, Multiple Trails
Medicaid	KS	95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)
Medicaid	KS	95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time
Medicaid	KS	95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Medicaid	KS	22595	Arthrodesis, Posterior Technique, Atlas-Axis
Medicaid	KS	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
Medicaid	KS	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decomp
Medicaid	KS	22590	Arthrodesis, Posterior Technique, Craniocervical
Medicaid	KS	22548	Arthrodesis, Anterior Transoral/Extraoral, Atlas-Axis, W/Wo Excision Odontoid Process
Medicaid	KS	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decomp
Medicaid	KS	23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty
Medicaid	KS	22849	Reinsertion, Spinal Fixation Device
Medicaid	KS	22614	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Add'l Segment
Medicaid	KS	22804	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 13+ Vertebral Segments
Medicaid	KS	27486	Revision, Total Knee Arthroplasty, W/Wo Allograft; 1 Component

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Line of Business	State	Procedure Code	Description
Medicaid	KS	27132	Conversion, Previous Hip Surgery To Total Hip Arthroplasty, W/Wo Autograft/Allograft
Medicaid	KS	27137	Revision, Total Hip Arthroplasty; Acetabular Component Only, W/Wo Autograft/Allograft
Medicaid	KS	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
Medicaid	KS	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar
Medicaid	KS	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
Medicaid	KS	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)
Medicaid	KS	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2
Medicaid	KS	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
Medicaid	KS	57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
Medicaid	KS	22554	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Cervical Below C2
Medicaid	KS	23120	Claviclectomy; Partial
Medicaid	KS	23107	Arthrotomy, Glenohumeral Joint, W/Exploration, W/Wo Loose/Fb Removal
Medicaid	KS	23105	Arthrotomy; Glenohumeral Joint, W/Synovectomy, W/Wo Bx
Medicaid	KS	22585	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Add'l Interspace
Medicaid	KS	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes
Medicaid	KS	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
Medicaid	KS	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar
Medicaid	KS	23415	Coracoacromial Ligament Release, W/Wo Acromioplasty
Medicaid	KS	23420	Reconstruction, Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty)
Medicaid	KS	23410	Repair, Ruptured Musculotendinous Cuff, Open; Acute
Medicaid	KS	23412	Repair, Ruptured Musculotendinous Cuff; Chronic
Medicaid	KS	23430	Tenodesis, Long Tendon, Biceps
Medicaid	KS	23440	Resection/Transplantation, Long Tendon, Biceps
Medicaid	KS	23450	Capsulorrhaphy, Anterior; Putti-Platt Proc/Magnuson Type Operation

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Line of Business	State	Procedure Code	Description
Medicaid	KS	23455	Capsulorrhaphy, Anterior; W/Labral Repair
Medicaid	KS	61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
Medicaid	KS	61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
Medicaid	KS	63045	Laminectomy, Facetectomy & Foraminotomy, 1 Segment; Cervical
Medicaid	KS	63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis])
Medicaid	KS	63275	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural, Cervical
Medicaid	KS	63280	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Extramedullary, Cervical
Medicaid	KS	22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace
Medicaid	KS	22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)
Medicaid	KS	22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level
Medicaid	KS	22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)
Medicaid	KS	22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
Medicaid	KS	63304	Vertebral Corpectomy, 1 Segment; Intradural, Cervical
Medicaid	KS	63252	Laminectomy, Excision/Occlusion, Avm, Spinal Cord; Thoracolumbar
Medicaid	KS	63102	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Lumbar, Sgl Segment
Medicaid	KS	63091	Vertebral Corpectomy, Trans/Retroperitoneal, Lower Thoracic/Lumbar/Sacral; Add'l Segment
Medicaid	KS	63103	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression Spinal Cord/Nerve Rts; Thoracic/Lumbar, ea addl Seg
Medicaid	KS	63087	Vertebral Corpectomy, Thoracolumbar, Lower Thoracic/Lumbar; 1 Segment
Medicaid	KS	63081	Vertebral Corpectomy, Anterior; Cervical, 1 Segment
Medicaid	KS	63082	Vertebral Corpectomy, Anterior; Cervical, Add'l Segment
Medicaid	KS	63055	Transpedicular Approach, 1 Segment; Thoracic
Medicaid	KS	64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint
Medicaid	KS	63285	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Intramedullary, Cervical
Medicaid	KS	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy
Medicaid	KS	63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural

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Line of Business	State	Procedure Code	Description
Medicaid	KS	62281	Injection/Infusion Neurolytic Substance, W/Wo Therapeutic Substance; Epidural Cervical/Thoracic
Medicaid	KS	64520	Injection, Anesthetic Agent; Lumbar/Thoracic (Paravertebral Sympathetic)
Medicaid	KS	62282	Injection/Infusion Neurolytic Substance; Epidural, Lumbar/Caudal
Medicaid	KS	73201	Ct Scan, Upper Extremity; W/Contrast
Medicaid	KS	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
Medicaid	KS	73722	Mri, Any Joint, Lower Extremity; W/Contrast Matl(S)
Medicaid	KS	73701	Ct Scan, Lower Extremity; W/Contrast
Medicaid	KS	73222	Mri, Any Joint, Upper Extremity; W/Contrast Matl(S)
Medicaid	KS	73221	Mri, Any Joint, Upper Extremity; W/O Contrast Matl(S)
Medicaid	KS	73220	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Sequenc
Medicaid	KS	73719	Mri, Lower Extremity Other Than Joint; W/Contrast Matl(S)
Medicaid	KS	77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed
Medicaid	KS	77762	Intracavitary Radiation Source Application; Intermediate
Medicaid	KS	76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation
Medicaid	KS	27331	Arthrotomy, Knee; W/Joint Exploration, Bx/Removal, Loose/Fb
Medicaid	KS	76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation
Medicaid	KS	27125	Hemiarthroplasty, Hip, Partial
Medicaid	KS	23466	Capsulorrhaphy, Glenohumeral Joint, Any Type Multi-Directional Instability
Medicaid	KS	23465	Capsulorrhaphy, Glenohumeral Joint, Posterior, W/Wo Bone Block
Medicaid	KS	23462	Capsulorrhaphy, Anterior, Any Type; W/Coracoid Process Transfer
Medicaid	KS	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
Medicaid	KS	92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
Medicaid	KS	27335	Arthrotomy, W/Synovectomy Knee; Anterior & Posterior W/Popliteal Area
Medicaid	KS	27334	Arthrotomy, W/Synovectomy Knee; Anterior/Posterior
Medicaid	KS	27333	Arthrotomy, W/Excision, Semilunar Cartilage (Meniscectomy) Knee; Medial & Lateral
Medicaid	KS	27332	Arthrotomy, W/Excision, Semilunar Cartilage (Meniscectomy) Knee; Medial/Lateral
Medicaid	KS	93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional

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Line of Business	State	Procedure Code	Description
Medicaid	KS	93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
Medicaid	KS	93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization
Medicaid	KS	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;
Medicaid	KS	77402	Radiation Treatment Delivery, Single Area, Single/Parallel Opposed Ports; Up To 5 Mev
Medicaid	KS	77412	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational
Medicaid	KS	77407	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple bl
Medicaid	KS	A4604	Tubing with integrated heating element for use with positive airway pressure device
Medicaid	KS	E0601	Continuous positive airway pressure (cpap) device
Medicaid	KS	E0562	Humidifier, heated, used with positive airway pressure device
Medicaid	KS	E0561	Humidifier, non-heated, used with positive airway pressure device
Medicaid	KS	A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each
Medicaid	KS	A7044	Oral Interface Used With Positive Airway Pressure Device, Each
Medicaid	KS	A7033	Pillow for use on nasal cannula type interface, replacement only, pair
Medicaid	KS	A7031	Face Mask Interface, Replacement For Full Face Mask, Each
Medicaid	KS	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each
Medicaid	KS	A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair
Medicaid	KS	A7028	Oral cushion for combination oral/nasal mask, replacement only, each
Medicaid	KS	A7027	Combination oral/nasal mask, used with continuous positive airway pressure
Medicaid	KS	A7038	Filter, Disposable, Used With Positive Airway Pressure Device
Medicaid	KS	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device
Medicaid	KS	27403	Arthrotomy W/Meniscus Repair, Knee
Medicaid	KS	27428	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular, (Open)
Medicaid	KS	27429	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular, (Open) & Extra-Articular
Medicaid	KS	27427	Ligamentous Reconstruction (Augmentation), Knee; Extra-Articular
Medicaid	KS	A7036	Chinstrap Used With Positive Airway Pressure Device
Medicaid	KS	A7045	Repl exhalation port for PAP
Medicaid	KS	27407	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Cruciate
Medicaid	KS	29825	Arthroscopy, Shoulder, Surgical; W/Lysis & Resection, Adhesions, W/Wo Manipulation
Medicaid	KS	29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)
Medicaid	KS	27437	Arthroplasty, Patella; W/O Prosthesis
Medicaid	KS	29823	Arthroscopy, Shoulder, Surgical; Debridement, Extensive

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Line of Business	State	Procedure Code	Description
Medicaid	KS	29822	Arthroscopy, Shoulder, Surgical; Debridement, Limited
Medicaid	KS	29824	Arthroscopy, Shoulder, Surgical; Distal Claviclectomy W/ Articular Surface
Medicaid	KS	29821	Arthroscopy, Shoulder, Surgical; Synovectomy, Complete
Medicaid	KS	29807	Arthroscopy, Shoulder, Surgical; Repair, Slap Lesion
Medicaid	KS	29819	Arthroscopy, Shoulder, Surgical; W/Removal, Loose/Fb
Medicaid	KS	29806	Arthroscopy, Shoulder, Surgical; Capsulorrhaphy
Medicaid	KS	27446	Arthroplasty, Knee, Condyle & Plateau; Medial/Lateral Compartment
Medicaid	KS	27440	Arthroplasty, Knee, Tibial Plateau
Medicaid	KS	27443	Arthroplasty, Femoral Condyles/Tibial Plateau(S), Knee; W/Debridement & Partial Synovectomy
Medicaid	KS	27442	Arthroplasty, Femoral Condyles/Tibial Plateau(S), Knee
Medicaid	KS	27441	Arthroplasty, Knee, Tibial Plateau; W/Debridement & Partial Synovectomy
Medicaid	KS	27438	Arthroplasty, Patella; W/Prosthesis
Medicaid	KS	29863	Arthroscopy, Hip, Surgical; W/Synovectomy
Medicaid	KS	29861	Arthroscopy, Hip, Surgical; W/Removal, Loose/Foreign Body
Medicaid	KS	29862	Arthroscopy, Hip, Surgical; W/Chondroplasty/Arthroplasty, &/Or Resection, Labrum
Medicaid	KS	29827	Arthroscopy, Shoulder, Surgical; W/Rotator Cuff Repair
Medicaid	KS	29860	Arthroscopy, Hip, Dx W/Wo Synovial Bx (Sep Proc)
Medicaid	KS	29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
Medicaid	KS	29877	Arthroscopy, Knee, Surgical; Debridement/Shaving, Articular Cartilage (Chondroplasty)
Medicaid	KS	29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (W/Chondroplasty)/Multiple Drilling/Microfx
Medicaid	KS	29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Sep Proc)
Medicaid	KS	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
Medicaid	KS	29870	Arthroscopy, Knee, Dx, W/Wo Synovial Bx (Sep Proc)
Medicaid	KS	29874	Arthroscopy, Knee, Surgical; Removal, Loose/Fb
Medicaid	KS	29873	Arthroscopy, Knee, Surgical; W/Lateral Release
Medicaid	KS	29871	Arthroscopy, Knee, Surgical; Infection, Lavage & Drainage
Medicaid	KS	29883	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial & Lateral
Medicaid	KS	29885	Arthroscopy, Knee, Surgical; Drill, Osteochondritis Dissecans W/Bone Graft, W/Wo Int/Ext Fixation
Medicaid	KS	29884	Arthroscopy, Knee, Surgical; W/Lysis, Adhesions, W/Wo Manipulation (Sep Proc)
Medicaid	KS	63056	Transpedicular Approach, 1 Segment; Lumbar (Transfacet/Lateral Extraforaminal)
Medicaid	KS	63057	Transpedicular Approach, Add'l Segment; Thoracic/Lumbar
Medicaid	KS	63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex
Medicaid	KS	63047	Laminectomy. Facetectomy & Foraminotomy, 1 Segment; Lumbar
Medicaid	KS	29887	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion W/Int Fixation

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Line of Business	State	Procedure Code	Description
Medicaid	KS	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
Medicaid	KS	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
Medicaid	KS	63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical
Medicaid	KS	63017	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, > 2 Segments; Lumbar
Medicaid	KS	63012	Laminectomy W/Removal, Abnormal Facets, Lumbar
Medicaid	KS	63005	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, 1/2 Segments; Lumbar
Medicaid	KS	29916	Arthroscopy, hip, surgical; with labral repair
Medicaid	KS	29915	Arthroscopy, subtalar joint, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
Medicaid	KS	29892	Arthroscopically Aided Repair, Osteochondritis/Talar Dome Fx/Tibial Plafond Fx
Medicaid	KS	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
Medicaid	KS	29889	Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation/Reconstruction
Medicaid	KS	29888	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation/Reconstruction
Medicaid	KS	63267	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Lumbar
Medicaid	KS	93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)
Medicaid	KS	76380	Ct Scan, Limited/Localized Follow-Up Study
Medicaid	KS	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast ma
Medicaid	KS	70549	Mra, Neck; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	KS	63101	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Thoracic, Sgl Segment
Medicaid	KS	93304	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Follow-Up/Limited Study
Medicaid	KS	63191	Laminectomy W/Section, Spinal Accessory Nerve
Medicaid	KS	G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels
Medicaid	KS	G0339	Robot lin-radsurg com, first
Medicaid	KS	C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
Medicaid	KS	93931	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study

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Line of Business	State	Procedure Code	Description
Medicaid	KS	93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement
Medicaid	KS	0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), inc
Medicaid	KS	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
Medicaid	KS	64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
Medicaid	KS	22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separate
Medicaid	KS	23700	Manipulation W/Anesthesia, Shoulder Joint, W/Application Of Fixation Apparatus (Excl Dislocation)
Medicaid	KS	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
Medicaid	KS	77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image g
Medicaid	KS	77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
Medicaid	KS	77301	Intensity Modulated Radiotherapy Plan W/Dose Volume Histograms
Medicaid	KS	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
Medicaid	KS	73723	Mri, Any Joint, Lower Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Seq
Medicaid	KS	73200	Ct Scan, Upper Extremity; W/O Contrast
Medicaid	KS	K0005	Ultralightweight Wheelchair