

# Prior authorization requirements for Florida Medicaid

Effective October 1, 2023

## General information

This list contains prior authorization requirements for inpatient and outpatient services for care providers who participate with UnitedHealthcare Community Plan in Florida. To request prior authorization, please submit your request online or by phone.

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.
- **Phone:** Call 877-842-3210

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Acupuncture</b>	Prior authorization required	97810	97811	97813	97814
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Behavioral health services</b>	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast pump, electric</b>	Prior authorization required	E0604			
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast, except when following mastectomy	Prior authorization required	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cancer supportive care</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	<p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p><b>Filgrastim (Neupogen®)</b> J1442</p> <p><b>Filgrastim-aafi (Nivestym™)</b> Q5110</p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2506</p> <p><b>Pegfilgrastim-apgf (Nyvepria™)</b> Q5122</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447</p> <p><b>Trilaciclib (Cosela™)</b> J1448</p> <p><b>Filgrastim-ayow (Releuko®)</b> Q5125</p> <p><b><u>Bone-modifying agents that require prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b> J0897</p> <p><b><u>Antiemetic Drugs</u></b> J1456</p> <p><b><u>Colony Stimulating Factors</u></b> J1449</p> <p><b><u>Erythropoiesis Stimulating Agents</u></b> J0885</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, go to <a href="https://uhcprovider.com">UHCprovider.com</a> and click on the Sign In button in the top-right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</p>			
<b>Cardiovascular</b>	Prior authorization required	37220 37226 37230	37221 37227 37231	37224 37228 93580	37225 37229
<p><b>*Prior authorization required for the following diagnosis codes:</b></p>					
		E08.52	E09.52	E10.52	E11.52

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Cardiovascular  
(cont.)**

E13.52	I70.221	I70.222	I70.223
I70.228	I70.229	I70.231	I70.232
I70.233	I70.234	I70.235	I70.238
I70.239	I70.241	I70.242	I70.243
I70.244	I70.245	I70.248	I70.249
I70.25	I70.261	I70.262	I70.263
I70.268	I70.269	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349
I70.35	I70.361	I70.362	I70.363
I70.369	I70.421	I70.422	I70.423
I70.428	I70.429	I70.431	I70.432
I70.433	I70.434	I70.435	I70.438
I70.439	I70.441	I70.442	I70.443
I70.444	I70.445	I70.448	I70.449
I70.461	I70.462	I70.463	I70.468
I70.469	I70.521	I70.522	I70.523
I70.528	I70.529	I70.531	I70.532
I70.533	I70.534	I70.535	I70.538
I70.539	I70.541	I70.542	I70.543
I70.544	I70.545	I70.548	I70.549
I70.561	I70.562	I70.563	I70.568
I70.569	I70.621	I70.622	I70.623
I70.628	I70.629	I70.631	I70.632
I70.633	I70.634	I70.635	I70.638
I70.639	I70.641	I70.642	I70.643
I70.644	I70.645	I70.648	I70.649
I70.661	I70.662	I70.663	I70.668
I70.669	I70.721	I70.722	I70.723
I70.728	I70.729	I70.731	I70.732
I70.733	I70.734	I70.735	I70.738
I70.739	I70.741	I70.742	I70.743
I70.744	I70.745	I70.748	I70.749
I70.761	I70.762	I70.763	I70.768
I70.769	I72.3	I72.4	I72.8
I72.9	I77.2	I77.70	I77.72
I77.77	I77.79	I74.3	I74.4
I74.5	I74.8	I74.9	I75.021
I75.022	I75.023	I75.029	I75.89
T82.818A	T82.868A	S81.801A	S81.802A
S81.809A	S91.301A	S91.302A	S91.309A
M86.051	M86.052	M86.059	M86.061
M86.062	M86.069	M86.071	M86.072
M86.079	M86.08	M86.09	M86.1

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
<b>Cerebral seizure monitoring – inpatient video electroencephalogram (EEG)</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95720	95722	95724	95726
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the Sign In button in the top-right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or call <b>888-397-8129</b>.</p>			
<b>Chiropractic</b>	Prior authorization required	98940	98941	98942	98943
<b>Circumcision</b>	Prior authorization required for patients ages 12 weeks	54161			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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and older

<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692

<b>Continuous glucose monitor</b>	Prior authorization required with type 2 diabetes diagnosis	A9276	A9277	A9278	
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<b>Cosmetic and reconstructive</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition to improve or restore physiologic function	Prior authorization required	11960	14020*	14021*	14041
		14060	14061*	14301	15820
		15821	15822	15823	15830
		15847	15877	17106	17107
		17108	17999	21137	21138
		21139	21172	21175	21179
		21180	21181	21182	21183
		21184	21230	21235	21256
		21275	21280	21282	21295
		21740	21742	21743	28344
		30620	67900	67901	67902
		67903	67904	67906	67908
		67909	67911	67912	67914
		67915	67916	67917	67921
		67922	67923	67924	67950
		67961	67966	Q2026	

\*will NOT require prior auth when billed with skin cancer diagnoses

C43.0	C43.10	C43.111	C43.112
C43.121	C43.122	C43.20	C43.21
C43.22	C43.30	C43.31	C43.39
C43.4	C43.51	C43.52	C43.59
C43.60	C43.61	C43.62	C43.70
C43.71	C43.72	C43.8	C43.9
C44.01	C44.02	C44.09	C44.101
C44.1021	C44.1022	C44.1091	C44.1092
C44.111	C44.1121	C44.1122	C44.1191
C44.1192	C44.121	C44.1221	C44.1222
C44.1291	C44.1292	C44.131	C44.1321
C44.1322	C44.1391	C44.1392	C44.191
C44.1921	C44.1922	C44.1991	C44.1992
C44.201	C44.202	C44.209	C44.211
C44.212	C44.219	C44.221	C44.222

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
<b>Durable Medical Equipment (DME)</b>	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500  Prosthetics are not DME — see <i>Orthotics and Prosthetics</i> .  Some home health care services may qualify but are not subject to the cost threshold — see <i>Home Health Care</i> .	A9279	A9280	A9900	E0265
		E0270	E0300	E0328	E0329
		E0445	E0457	E0460	E0465
		E0466	E0470	E0471	E0483
		E0486	E0620	E0652	E0675
		E0693	E0694	E0745	E0762
		E0764	E0766	E0784	E0984
		E0986	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
		E1010	E1030	E1035	E1036
		E1130	E1161	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1399	E1825
E2227	E2228	E2310	E2311		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>DME (cont.)</b>		E2322	E2325	E2327	E2329
		E2351	E2373	E2510	E2511
		E2512	E2599	E2626	E2627
		E2628	E2629	E2630	E8000
		E8001	E8002	K0005	K0008
		K0013	K0108	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	S1040
		T1999	T5999	V2786	V5269
		V5270	V5271	V5272	V5281
		V5282	V5283	V5286	V5287
		V5288	V5290		
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9998			
<b>Experimental and Investigational (and/or linked services)</b>	Prior authorization required	33477	36514	55866	64722
		65765	65767	66180	0191T
		A4638	A6000	A9274	E0231
		E1831	S0810	S1030	S1031
		S9988	S9990	S9991	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Genetic and molecular testing to include BRCA gene testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test.	81164	81165	81166	81167
		81168	81170	81171	81172
		81173	81174	81175	81176
		81177	81178	81179	81180
		81181	81182	81183	81184
		81185	81186	81187	81188
		81189	81190	81191	81192
		81193	81194	81200	81201
		81203	81204	81205	81208
		81209	81212	81216	81218
		81220	81222	81223	81224
		81225	81226	81227	81228
	Notification/prior authorization required for	81229	81230	81231	81232
	81233	81234	81236	81237	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Genetic and molecular testing (cont.)</b>	BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81238	81239	81240	81241
		81242	81243	81244	81245
		81246	81247	81248	81249
		81250	81251	81252	81253
		81254	81255	81256	81257
		81258	81259	81260	81261
		81262	81263	81264	81265
		81266	81267	81268	81269
		81271	81272	81273	81274
		81276	81277	81278	81279
		81283	81284	81285	81286
		81287	81288	81289	81290
		81291	81292	81294	81295
		81297	81298	81300	81302
		81303	81304	81305	81306
		81307	81309	81310	81312
		81313	81314	81315	81316
		81317	81318	81319	81320
		81321	81322	81323	81324
		81325	81326	81327	81328
		81329	81330	81331	81332
		81333	81334	81335	81336
		81337	81338	81339	81340
		81341	81342	81343	81344
		81345	81346	81347	81348
		81349	81350	81351	81352
		81353	81355	81357	81360
		81361	81362	81363	81364
		81370	81371	81372	81373
		81375	81376	81377	81378
		81379	81380	81381	81382
		81383	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	81419	81420
		81430	81431	81432	81433
		81434	81435	81436	81437
		81438	81439	81440	81442
		81443	81445	81448	81460
81465	81470	81471	81479		
81507	81518	81519	81520		
81521	81522	81523	81546		
81554	81595	81599	87505		
87506	87507	87623	0001U		
0004M	0006M	0007M	0012U		



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Genetic and molecular testing (cont.)</b>		0013U	0014U	0016U	0017U
		0018U	0022U	0023U	0026U
		0027U	0030U	0031U	0032U
		0033U	0034U	0040U	0046U
		0049U	0055U	0060U	0070U
		0071U	0072U	0073U	0074U
		0075U	0076U	0084U	0087U
		0088U	0097U	0111U	0129U
		0136U	0137U	0154U	0155U
		0157U	0158U	0159U	0160U
		0161U	0168U	0169U	0170U
		0171U	0172U	0173U	0175U
		0177U	0179U	0180U	0181U
		0182U	0183U	0184U	0185U
		0186U	0187U	0188U	0189U
		0190U	0191U	0192U	0193U
		0194U	0195U	0196U	0197U
		0198U	0199U	0200U	0201U
		0203U	0205U	0209U	0214U
		0215U	0216U	0217U	0218U
		0221U	0222U	0229U	0230U
		0231U	0232U	0234U	0235U
		0236U	0237U	0238U	0245U
		0246U	0250U	0252U	0253U
		0254U	0258U	0260U	0262U
		0264U	0265U	0266U	0267U
		0268U	0269U	0270U	0271U
		0272U	0273U	0274U	0276U
		0277U	0278U	0282U	0285U
		0286U	0287U	0288U	0289U
		0290U	0291U	0292U	0293U
		0294U	0296U	0297U	0298U
	0299U	0300U	S3870		
<b>Home health care</b>	Prior authorization required only in outpatient settings — to include member's home	S9122 T1030	S9123 T1031	S9124	T1021
<b>Hysterectomy</b>	Prior authorization required	58150 58262 58275 58542 58552 58572	58152 58263 58290 58543 58553 58573	58180 58267 58291 58544 58570	58260 58270 58292 58550 58571
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b> J3262 <b>Acthar®</b>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J0801			
	<b>Adakveo®</b>				
		J0791			
	<b>Aduhelm®</b>				
		J0172			
	<b>Aldurazym®</b>				
		J1931			
	<b>Amondys 45</b>				
		J1426			
	<b>Amvuttra™</b>				
		J0225			
	<b>Apretude™</b>				
		J0739			
	<b>Aralast NP®</b>				
		J0256			
	<b>Avsola™</b>				
		Q5121			
	<b>Benlysta</b>				
		J0490			
	<b>Berinert®</b>				
		J0597			
	<b>Botulinum toxins</b>				
		J0585	J0586	J0587	J0588
	<b>Brineura™</b>				
		J0567			
	<b>Briumvi®</b>				
		J2329			
	<b>Cabenuva™</b>				
		J0741			
	<b>Cimzia®*</b>				
		J0717			
	<b>Cinqair®</b>				
		J2786			
	<b>Cinryze®</b>				
		J0598			
	<b>Cortrophin Gel™</b>				
		J0802			
	<b>Crysvita®</b>				
	J0584				
<b>Cutaquig®</b>					
	J1551				
<b>Elaprase®</b>					
	J1743				
<b>Enjaymo®</b>					
	J1302				
<b>Entyvio®</b>					
	J3380				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	<b>Evenity™</b>				
	J3111				
	<b>Evkeeza™</b>				
	J1305				
	<b>Exondys 51™</b>				
	J1428				
	<b>Fabrazyme®</b>				
	J0180				
	<b>Fasenra™</b>				
	J0517				
	<b>Fensolvi®</b>				
	J1951				
	<b>Feraheme®</b>				
	Q0138				
	<b>Firmagon®</b>				
	J9155				
	<b>Fynetra®</b>				
	Q5130				
	<b>Gamifant®</b>				
	J9210				
	<b>Glassia®</b>				
	J0257				
	<b>Givlaari®</b>				
	J0223				
	<b>Hemgenix®</b>				
	J1411				
	<b>Ilaris®</b>				
	J0638				
	<b>Ilumya™</b>				
	J3245				
	<b>Inflectra®</b>				
	Q5103				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG (Intravenous immunoglobulin)</b>				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
J1572	J1575	J1599			
<b>Kalbitor®</b>					
J1290					
<b>Kanuma®</b>					
J2840					
<b>Korsuva®</b>					
J0879					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
<b>Injectable medications (cont.)</b>	<b>Krystexxa®</b>			
	J2507			
	<b>Lanreotide®</b>			
	J1932			
	<b>Lemtrada®</b>			
	J0202			
	<b>Leqembi®</b>			
	J0174			
	<b>Leqvio®</b>			
	J1306			
	<b>Lumizyme®</b>			
	J0221			
	<b>Lupron Depot®</b>			
	J1950			
	<b>Lupron Depot, Eligard®</b>			
	J9217			
	<b>Luxturna™</b>			
	J3398			
	<b>Makena®</b>			
	J1726		J1729	J2675
	<b>Mepsevii®</b>			
	J3397			
	<b>Monoferric®</b>			
	J1437			
	<b>Naglazyme®</b>			
	J1458			
	<b>Nexviazyme®</b>			
	J0219			
	<b>Nplate®</b>			
	J2796			
<b>Nucala®</b>				
J2182				
<b>Ocrevus™</b>				
J2350				
<b>Octreotide acetate</b>				
J2354				
<b>Onpattro™</b>				
J0222				
<b>Orencia®</b>				
J0129				
<b>Oxlumo™</b>				
J0224				
<b>Panzyga®</b>				
J1576				
<b>Parsabiv™</b>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J0606 <b>Probuphine®</b> J0570 <b>Prolastin-C®</b> J0256 <b>Prolia®</b> J0897 <b>Radicava®</b> J1301 <b>Reblozyl®</b> J0896 <b>Releuko®</b> Q5125 <b>Remicade®</b> J1745 <b>Renflexis®</b> Q5104 <b>Revcovi®</b> J3590 <b>Riabni™</b> Q5123 <b>Rituxan®</b> J9312 <b>Rituxan Hycela®</b> J9311 <b>Ruconest®</b> J0596 <b>Ruxience®</b> Q5119 <b>Ryplazim™</b> J2998 <b>Sandostatin® LAR</b> J2353 <b>Saphnelo®</b> J0491 <b>Scenesse®</b> J7352 <b>Signifor® LAR</b> J2502 <b>Simponi Aria®</b> J1602 <b>Skyrizi®</b> J2327 <b>Soliris®</b> J1300

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Injectable medications (cont.)</b>	<b>Sodium hyaluronate</b>	J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		<b>Somatuline® Depot</b>			
		J1930			
		<b>Spevigo®</b>			
		J1747			
		<b>Spinraza™</b>			
		J2326			
		<b>Spravato™</b>			
		S0013			
		<b>Stelara®</b>			
		J3358			
		<b>Sublocade™</b>			
		Q9991	Q9992		
		<b>Supprelin® LA</b>			
		J9226			
	<b>Syfovre®</b>				
	J2781				
	<b>Synagis®*</b>				
	90378				
	<b>Tepezza®</b>				
	J3241				
	<b>Tezspire™</b>				
	J2356				
	<b>Therapeutic radiopharmaceuticals</b>				
	A9513	A9590	A9606	A9607	
	A9699				
	<b>Trelstar®</b>				
	J3315				
	<b>Triptodur®</b>				
	J3316				
	<b>Trogarzo™</b>				
	J1746				
	<b>Truxima®</b>				
	Q5115				
	<b>Tzield®</b>				
	J9381				
	<b>Unclassified and temporary codes**</b>				
	C9090	C9094	C9149	C9151	
	C9157	C9399	J3490	J3590	
	<b>Uplizna®</b>				
	J1823				
	<b>Ultomiris™</b>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Injectable medications (cont.)</b>		J1303			
	<b>Intravitreal Vascular Endothelial Growth Factor (VEGF)</b>				
		J0178	J0179	J2777	J2778
		J2779	Q5124	Q5128	
		<b>Viltepso™</b>			
		J1427			
		<b>Vimizim®</b>			
		J1322			
		<b>Vyepti™</b>			
		J3032			
		<b>Vyondys 53</b>			
		J1429			
		<b>Vyvgart™</b>			
		J9332			
		<b>Xembify®</b>			
		J1558			
		<b>Xenpozyme®</b>			
		J0218			
		<b>Xolair®</b>			
		J2357			
		<b>Zemaira®</b>			
		J0256			
		<b>Zoladex®</b>			
	J9202				
	<b>Zolgensma®</b>				
	J3399				
	<p>Please check our Review at Launch for New to Market Medications Policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications Policy is available at <a href="https://uhcprovider.com/policies">UHCprovider.com/policies</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p>				
	<p>* Please obtain prior notification for Cimzia, Synagis and Xolair through OptumRx Prior Notification Services at <b>800-310-6826</b>.</p>				
	<p>** For unclassified and temporary codes, C9090, C9094, C9151, C9157, C9399, J3490 and J3590 prior authorization is only required for Elevidys, Elfabrio, Lamzedo, Nulibry™, Qalsody, Vabysmo™, Vyjuvek For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="https://uhcprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call <b>888-397-8129</b></p>				
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
<b>Massage therapy</b>	Prior authorization required	97010	97112	97124	97140
<b>Musculoskeletal</b>	Prior authorization required	23470	23472	23473	23474
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b>	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
<b>Orthotics and Prosthetics</b>	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0170	L0456	L0462	L0464
		L0480	L0482	L0484	L0486
		L0624	L0629	L0631	L0700
		L0710	L0810	L0820	L0830
		L0859	L1000	L1005	L1200
		L1300	L1310	L1499	L1680
		L1685	L1700	L1710	L1720
		L1730	L1755	L1820	L1832
		L1834	L1840	L1844	L1845
		L1846	L1847	L1850	L1860
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2136	L2350	L2510	L2526
		L2627	L2628	L3230	L3649
		L3671	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4000	L4010	L4020	L4210
		L4350	L4392	L4394	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5280	L5301	L5321	L5331
		L5341	L5400	L5420	L5460



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5530	L5535	L5540	L5560
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
		L5648	L5649	L5651	L5653
		L5661	L5673	L5682	L5700
		L5702	L5705	L5706	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5790	L5795
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5845	L5848
		L5857	L5858	L5930	L5950
		L5960	L5961	L5962	L5964
		L5966	L5968	L5973	L5976
		L5979	L5980	L5981	L5982
		L5984	L5986	L5987	L5988
		L5990	L5999	L6000	L6010
		L6020	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
		L6320	L6350	L6360	L6370
		L6380	L6382	L6384	L6400
		L6450	L6500	L6550	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6621	L6623
		L6624	L6648	L6686	L6687
		L6689	L6690	L6692	L6693
		L6704	L6707	L6708	L6709
		L6715	L6880	L6881	L6882
		L6900	L6905	L6910	L6915
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7405	L8040	L8042	L8043
		L8044	L8045	L8046	L8047
		L8499	L8609	L8610	L8612
		L8631	L8659		

**Outpatient therapy**

Prior authorization required

For prior authorization of the following evaluation and re-evaluation codes listed below:

- The request must be submitted by a primary care provider

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Outpatient therapy (cont.)**

- Please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, go to [UHCprovider.com](http://UHCprovider.com) and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on our Provider Portal dashboard.

70371	92521	92522	92523
92524	92597	92609	92610
92626	92627	92630	96105
97161	97162	97163	97164
97165	97166	97167	97168
S9152			

For prior authorization of the following outpatient therapy codes, please call OptumHealth Physical Health at **800-873-4575** or the notification number on the back of the member's health plan ID card.

92507	92508	92526	92633
97012	97014	97016	97018
97022	97024	97026	97028
97032	97033	97034	97035
97036	97039	97112	97113
97116	97139	97140	97150
97530	97533	97535	97537
97542	97545	97546	97750
97755	97760	97761	97799
97110*	G0129	G0281	G0282
G0283	G0515	S8990	S9129
S9131			

Or billed with the following revenue codes:

419	420	421	422
423	424	429	430
431	432	433	434
439	977	978	

\* Prior authorization is not required for Place of Service Home/12/Bill Type 3XX.

<b>Potentially Unproven Services</b>	Prior authorization required	33289	C2624		
<b>Prostate procedures</b>	Prior authorization required	37243	52441	52442	53852
		55873	55874		
<b>Radiation therapy</b>	Prior authorization required	<b>IGRT</b> Image-guided radiation therapy 77014                      77387                      G6001                      G6002  <b>IMRT</b> Intensity-modulated radiation therapy 77385                      77386  <b>Proton beam</b> Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		77520	77522	77523	77525
		<b>Special/associated services</b>			
		77331	77370	77399	77470
		<b>SRS/SBRT</b>			
		77371	77372	77373	
		<b>Standard radiation therapy (2D/3D)</b>			
		Prior authorization required only when obtained with diagnosis codes in the following ranges: C34.00–C34.92, C50.011–C50.929, C61, C79.51–C79.52, C84.7A, D05.00–D05.92			
		77401	77402	77407	77412
		G6003	G6004	G6005	G6006
		G6007	G6008	G6009	G6010
		G6011	G6012	G6013	G6014
		Or billed with the following revenue codes:			
		<b>Y90</b>			
		Implantable beta-emitting microspheres for treatment of malignant tumors			
		79445	S2095		
	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, go to <b>UHCprovider.com</b> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your portal dashboard. Or call <b>866-889-8054</b> .			
	<ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<ul style="list-style-type: none"> <li>For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/FLcommunityplan">UHCprovider.com/FLcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</li> </ul>			
<b>Radiology</b>	Prior authorization required	0697T	0698T	0710T	0711T
		0712T	0713T		
<b>Rhinoplasty and septoplasty</b>	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
<b>Shoulder surgery</b>	Prior authorization required	29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Carpal tunnel surgery</b>			
	Prior authorization not required if performed at a	64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	participating ambulatory surgery center (ASC)	<b>Colonoscopy</b> 45378                      45380                      45384                      45385			
		<b>Ear, nose and throat (ENT) procedures</b> 69436			
		<b>Gynecologic procedures</b> 57522                      58558                      58563			
		<b>Hernia repair</b> 49505			
		<b>Miscellaneous</b> 20680			
		<b>Ophthalmologic</b> 65426			
		<b>Tonsillectomy and adenoidectomy</b> 42820                      42821                      42825                      42826 42830			
		<b>Upper and lower gastrointestinal endoscopy</b> 43235                      43239                      43249			
		<b>Urologic procedures</b> 52000                      52005			
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Spinal surgery</b>	Prior authorization required	22100 22112 22210 22224 22513 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101	22101 22114 22212 22510 22515 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102	22102 22206 22214 22511 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170	22110 22207 22220 22512 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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63173	63185	63190	63191
63200	63250	63251	63252
63265	63267	63268	63270
63271	63272	63286	63300
63301	63302	63303	63304
63305	63306	63307	63308
0095T	0098T	0164T	

<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0312T	0313T	0314T
		0315T	0316T	0317T	L8680
		L8682	L8685	L8686	L8687
		L8688			

<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50547	S2060	S2061
		S2152			
		<b>CAR T-cell therapy</b>			
		0537T	0538T	0539T	0540T
		J9999	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2055	Q2056

\*Code 38232 will only require prior authorization for an oncology diagnosis

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Gene Therapy**  
C9399                      J3490                      J3590

<b>Vein procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36468	36473	36475	36478
		37700	37718	37722	37765
		37766	37780		
<b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at <b>855-282-8929</b> .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509

