

Prior authorization requirements for Preferred Care Network and Preferred Care Partners of Florida

Effective October 1, 2026

General information

This list contains prior authorization requirements for participating Preferred Care Network and Preferred Care Partners of Florida health care professionals providing inpatient and outpatient services.

Please submit your request in one of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the [UnitedHealthcare Provider Portal](#). To get started, go to [UHCprovider.com](#) and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit [UHCprovider.com/access](#).
- **Phone:**
 - Preferred Care Network: Call **866-273-9444**
 - Preferred Care Partners: Call **800-995-0480**

Prior authorization is not required for emergency or urgent care.

Plans with referral requirements: If a member's health plan ID card says, Referral Required, certain services may require a referral from the member's primary care provider **and** prior authorization obtained by the treating physician. You can find more information about the referral process in the [UnitedHealthcare Care Provider Administrative Guide](#) for UnitedHealthcare commercial plans and UnitedHealthcare® Medicare Advantage plans including UnitedHealthcare West fee-for-service. The plans listed in the following table require prior authorization for in-network services.

Plans included
Preferred Care Network: • MedicareMax (HMO) – Groups: 77700, 77701, 98151, 98152 • MedicareMax Chronic (HMO C-SNP) – Groups: 77707, 90215 • MedicareMax Plus (HMO D-SNP) – Groups: 77702, 77703, 77704, 98153, 98154, 98155
Preferred Care Partners: • Preferred Choice Broward (HMO) – Groups 78601, 99791 • Preferred Choice Dade (HMO) – Groups 78600, 99790 • Preferred Choice Palm Beach (HMO) – Groups 78606, 99797 • Preferred Medicare Assist Plan (HMO D-SNP) – Groups 78602, 78603, 78609, 99792, 99793, 99796 • Preferred Medicare Assist Palm Beach (HMO D-SNP) – Groups 78607, 78608, 78610, 99798, 99799, 99800 • Preferred Special Care Miami-Dade (HMO C-SNP) – Groups 78605, 99795

WellMed plans — How to obtain prior authorization

Prior authorization requests for the following groups can be submitted on the WellMed provider portal at eprg.wellmed.net or by calling 877-299-7213, 8 a.m.–5 p.m., ET, Monday–Friday.

- Preferred Care Network: MedicareMax (HMO) – Groups: 98151, 98152
- MedicareMax Chronic (HMO C-SNP) – Groups: 90215
- MedicareMax Plus (HMO D-SNP) – Groups: 98153, 98154, 98155

Preferred Care Partners:

- Preferred Choice Broward (HMO) – Group 99791
- Preferred Choice Dade (HMO) – Group 99790
- Preferred Choice Palm Beach (HMO) – Group 99797
- Preferred Medicare Assist Plan 1 (HMO D-SNP) – Groups: 99792, 99793, 99796
- Preferred Medicare Assist Plan 2 (HMO D-SNP) – Groups: 90030, 90061
- Preferred Medicare Assist Palm Beach (HMO SNP) – Group 99798, 99799, 99800
- Preferred Special Care Miami-Dade (HMO C-SNP) – Group 99795

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Behavioral health services	Many of our benefit plans only 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 services.			
Breast reconstruction – Non-mastectomy Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19325	L8600
		Notification or prior authorization is not required for the following diagnosis codes:			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying	J0185	J0897	J1442*	J1447*
		J1448	J1453	J1454	J1627
		J2506	J2820	Q5101	Q5108*
		Q5110*	Q5111*	Q5122*	Q5136

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization		
	agent(s) administered in an outpatient setting for a cancer diagnosis *Codes J1442, J1447, Q5108, Q5110, Q5111, and Q5122 also require prior authorization for non-oncology Dx. See injectable medications section.	Q5157	Q5158	Q5159
		Antiemetic drugs		
		J1434		
		J1456		
		J2468		
		Colony-stimulating factors		
		J1449		
		Q5148		
		Erythropoiesis-stimulating agents		
		J0885		
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129.		

Cardiovascular	Prior authorization is required	Cardiology			
		93653	93656		
		Vascular			
		37254*	37256*	37258*	37260*
		37263*	37265*	37267*	37269*
		37271*	37273*	37275*	37277*
		37280*	37282*	37284*	37286*
		37288*	37290*	37292*	37294*
		37296*	37298*		
		*Prior authorization is not required for the following diagnosis codes:			
		E08.52	E09.52	E10.52	E11.52
		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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		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	I73.00	I73.01	I73.1
		I73.81	I74.3	I74.4	I74.5
		I74.8	I74.9	I75.021	I75.022
		I75.023	I75.029	I75.89	I77.2
		I77.70	I77.72	I77.77	I77.79
		I96	L03.115	L03.116	M86.051
		M86.052	M86.059	M86.061	M86.062
		M86.069	M86.071	M86.072	M86.079
		M86.08	M86.09	M86.1	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	M86.8X51

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		M86.8X52	M86.8X59	M86.8X61	M86.8X62
		M86.8X69	M86.8X71	M86.8X72	M86.8X79
		M86.8X89	M86.8X9	M86.9	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	S35.511A	S35.512A	S81.801A
		S81.802A	S81.809A	S91.301A	S91.302A
		S91.309A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.818A	T82.868A	T82.898A	
Cartilage implants	Prior authorization required	27415	27416		
Chemotherapy services	Notification required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require notification: • Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com . Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 .			
Cochlear implants and other auditory implants	Prior authorization required	69714	69930	L8614	L8619
A medical device, including those with a surgically implanted portion, within the inner ear and with an external portion to help persons with profound sensorineural deafness to		L8690	L8691	L8692	
Continuous Glucose Monitor	Prior authorization required	A4238	A4239	E2102	E2103
Cosmetic and reconstructive procedures	Prior authorization required	11971	15820	15821	15822
		15823	15830	15847	15877
		15878	15879	17106	17107

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Achieve conversational speech	Advance notification is required for inpatient or outpatient services.	17108	17999	21172	21175
		21179	21180	21184	21230
		21235	21248	21249	21255
		21256	21299	30620	31295
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		31296	31297	31298	31299
		67900	67901	67902	67903
		67904	67906	67908	67909
		67950	67961	67966	Q2026
Reconstructive procedures that treat a medical condition or improve or restore physiologic function					
Durable medical equipment (DME)	All requests for durable medical equipment should be directed to a health plan contracted vendor.	E0470	E0471	E0472	E0650
		E0651	E0652	E0655	E0656
		E0660	E0665	E0667	E0668
		E0669	E0671	E0672	E0673
	For more information, please call the number on the member's health plan ID card.	E0675			
End-stage renal disease/dialysis services Services for the treatment of end-stage renal disease (ESRD) require advance notification, which includes outpatient dialysis services.	Advance notification is required if a member is referred to an out-of-network care provider for dialysis services. Using an in-network dialysis center can help our members avoid high-cost shares, even when they may have out-of-network benefits.	To enroll or refer a Medicare member to the Kidney Resource Service, please call 866-561-7518.			
	Advance notification isn't required for ESRD when a Medicare member travels outside of the service area. Note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.				
Gender dysphoria treatment	Prior authorization required	Notification or prior authorization is required for the following regardless of diagnosis code: 55970 55980 Notification or prior authorization is required for the following when submitted with a diagnosis code F64.A, F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.8901, Z87.8902, Z87.8903, Z87.8904, Z87.8909, Z87.893:			
		14000	14001	14041	15734

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		15738	15750	15757	15758
		15775	15776	15780	15781
		15782	15783	15788	15789
		15792	15793	19303	21899
		31599	31899	53410	53420
		53425	53430	54125	54400
		54401	54405	54408	54520
		54660	54690	55175	55180
		55866	56625	56800	56805
		57106	57110	57291	57292
		57295	57296	57335	57426
		58661	58720	58940	64856
		64892	64896		
Home health care services Prior authorization is only required for members residing in and receiving services in Alabama and Georgia.	All requests for home health services should be directed to a health plan contracted vendor. For more information, please call the number on the member's health plan ID card.	Q5001*	Q5002*	Q5009*	
		*Applies to Alabama only.			
Hysterectomy (abdominal and laparoscopic surgeries) – Inpatient and outpatient procedures	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Hysterectomy (vaginal) – Inpatient only	No prior is authorization required for outpatient vaginal hysterectomies.	58260	58262	58290	58291
Injectable medications	Prior authorization required	Anemia J0896 – Reblozyl Alzheimers J0174 – Leqembi J0175 – Kisunla Asthma J2786 – Cinqair J0517 – Fasenra J2182 – Nucala J2356 – Tezspire			

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
		J2361 - Exdensusur
		Bloody Modifying Agents
		J0223 – Givlaari
		J1299 – Soliris
		J1302 – Enjaymo
		J1303 – Ultomiris
		J1307 – PiaSky
		J9332 – Vyvgart
		J9333 – Rystiggo
		J9334 – Vyvgart Hytrulo
		Q5151 – Epysqli
		Q5152 – Bkempv
		J1289 - Yartemlea
		Bone Density Agents
		Q5158 – Connexence
		J3111 – Evenity
		Q5136 – Jubbonti
		J0897 – Prolia
		Q5157 – Stoboclo
		Q5159 – Ospomyv
		Q5167 – Enoby
		Q5162 - Bildyos
		Botulinum Toxins
		J0585 – Botox
		J0586 – Dysport
		J0587 – Myobloc
		J0588 – Xeomin

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
		J0589 – Daxxify
		Cardiology
		J1306 – Leqvio
		Central Nervous System Agents
		J0222 – Onpattro
		J0225 – Amvuttra
		J1301 – Radicava
		J1304 – Qalsody
		J2326 – Spinraza
		J3032 – Vyepti
		J9256 – Imaavy
		J9332 – Vyvgart
		J9333 – Rystiggo
		J9334 – Vyvgart Hytrulo
		Endocrine
		J0224 – Oxlumo
		J0584 – Crysvida
		J2507 – Krystexxa
		J3241 – Tepezza
		Gene Therapy
		J1411 – Hemgenix
		J1412 – Roctavian
		J1413 – Elevidys
		J3392 – Beqvez
		J3401 – Vyjuvek
		J3398 – Luxturna
		J3399 – Zolgensma

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		J3403 – Encelto			
		J3404 - Papzimeos			
		Q5136 – Jubbonti			
		J3405 - Itvisma			
		Hyaluronic Acid Polymers			
		J7320 – Genvisc 850			
		J7321 – Hyalgan/Supartz/Supartz FX/Visco-3			
		J7322 – Hymovis			
		J7323 – Euflexxa			
		J7324 – Orthovisc			
		J7326 – Gel-One			
		J7327 – Monovisc			
		J7329 – TriVisc			
		J7331 – Synojoynt			
		J7332 – Triluron			
		Immune Globulins (IVIG, SCIG)			
		90283	90284	J1459	J1551
		J1552	J1553	J1554	J1555
		J1556	J1557	J1558	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1576	J1577
		J1599			
		Immune Modulator			
		J0491 – Saphnelo			
		J9038 – Niktimvo			
		J1823 – Uplizna			
		J9381 – Tziel			
		Inflammatory Conditions			
		J0129 – Orencia			
		J1628 – Tremfya IV			
		J1747 – Spevigo			

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
		J2267 – Omvoh
		J2327 – Skyrizi
		J3247 – Cosentyx IV
		J3358 – Stelara
		J3380 – Entyvio
		Q5098 – Imuldosa
		Q5099 – Steqeyma
		Q5100 – Yesintek
		Q5138 – Wezlana
		Q5156 – Avtozma
		Q9997 – Pyzchiva
		Q9998 – Selarsdi
		Q9999 – Otulfi
		J9301 – Gazyva
		Q5164 - Starjemza
		Infliximab
		J1745 – Remicade
		Intravenous Iron Replacement
		J1437 – Monoferric
		J1439 – Injectafer
		Multiple Sclerosis
		J2329 – Briumvi
		J2350 – Ocrevus
		J2351 – Ocrevus Zunovo
		Ophthalmologic Agents
		J2781 – Syfovre
		J2782 – Izervay

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
		Rare Conditions
		J1305 – Evkeeza
		J2998 – Ryplazim
		J7171 – Adzynma
		Rituximab
		Q5123 – Riabni
		Q5119 – Ruxience
		Q5115 – Truxima
		J9311 – Rituxan Hycela
		J9312 – Rituxan
		Sickle Cell Disease
		J0791 – Adakveo
		Tocilizumab
		J3262 – Actemra
		Q5133 – Tofidence
		Q5135 – Tyenne
		Vascular Endothelial Growth Factor Inhibitors (VEGF)
		J0177 – Eylea HD
		J0178 – Eylea
		J0179 – Beovu
		J2777 – Vabysmo
		J2778 – Lucentis
		J2779 – Susvimo
		Q5124 – Byooviz
		Q5128 – Cimerli
		Q5147 – Pavblu
		White Blood Cell Colony Stimulating Factors

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
		J1442 – Neupogen
		J1447 – Granix
		J1449 – Rolvedon
		J2506 – Neulasta
		J9361 – Ryzneuta
		Q5108 – Fulphila
		Q5110 – Nivestym
		Q5111 – Udenyca
		Q5120 – Ziextenzo
		Q5122 – Nyvepria
		Q5125 – Releuko
		Q5127 – Stimufend
		Q5130 – Fylnetra
		Q5148 – Nypozi
		Q5101 - Zarxio
		To submit a prior authorization, use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at uhcprovider.com . After you sign in, select the Prior Authorization link. From the “Create a new authorization submission” section, select Specialty Pharmacy from the dropdown menu. Or, you can call 888-397-8129
		Unclassified and temporary codes*
		J3490 J3590 C9399 C9305
		* Kebilidi, Ranluspec, Rivfloza

**Inpatient admissions:
Acute inpatient
rehabilitation (AIR)/
long-term acute care
(LTAC)/skilled nursing
facility (SNF)**

Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:

- Acute care hospitals
- Acute inpatient rehabilitation
- Critical access hospitals
- Long-term acute care hospitals

naviHealth manages prior authorization for in-scope membership.
Phone: 855-851-1127
Fax: 844-244-9482

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
	• Skilled nursing facilities Note: These plans are excluded from the skilled nursing facility prior authorization requirement: • UnitedHealthcare Assisted Living Plans (HMO-SNP), (HMO-POS SNP), (PPO-SNP) • UnitedHealthcare Nursing Home plan				
Non-emergency air transport Non-urgent ambulance transportation by air between specified location	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21120 21125 21143 21150 21159 21194 21199 21240 21246	21121 21127 21145 21151 21160 21195 21206 21242 21247	21122 21141 21146 21154 21188 21196 21210 21244	21123 21142 21147 21155 21193 21198 21215 21245
Orthopedic – spine and joint surgeries	Prior authorization required	22110 22212 22224 22551 22590 22612 22802 22812 22849 22856 22899 27125 27137 27447 29866 29899 63001 63012 63020 63045 63051 63075 63087	22206 22214 22532 22554 22595 22630 22804 22818 22850 22861 23470 27130 27138 27486 29867 29914 63003 63015 63030 63046 63055 63077 63090	22207 22220 22533 22556 22600 22633 22808 22819 22852 22867 23472 27132 27412 27487 29868 29915 63005 63016 63040 63047 63056 63081 63101	22210 22222 22548 22558 22610 22800 22810 22830 22855 22869 27120 27134 27446 29846 29898 29916 63011 63017 63042 63050 63064 63085 63102

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		0200T	0201T	J7330	
Out-of-network services A recommendation from a network physician or care provider to a hospital, physician or other care provider who isn't contracted with Preferred Care Network and/or Preferred Care Partners.	Note: Your agreement with Preferred Care Network or Preferred Care Partners may include restrictions on directing members outside of the network. Your patients who use out-of-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage. Advance notification is required for Preferred Care Network and Preferred Care Partners members when: A network physician or health care professional directs a member to an out-of-network facility, physician or other care provider and the member's benefit plan doesn't include benefits for out-of-network services. Or, you want to request in-network cost sharing or a benefit level because there are no available in-network care providers for the type of specialty services needed.				
Pain management	Prior authorization required	62350 62362	62351	62360	62361
Physical therapy/ occupational therapy Outpatient rehabilitation services provided by a physical therapist or an occupational therapist, whether provided at home or on an ambulatory basis	All requests for physical therapy and occupational therapy at home or on an ambulatory basis should be directed to a health plan contracted vendor. For more information, please call the number on the member's health plan ID card.				
Potentially unproven services including experimental, investigational and/or linked services	Prior authorization required	28890 64722	33289 64744	36514 66180	64405 C2624

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization				
- Services including medications determined not to be effective for treatment of a medical condition - Services determined not to have a beneficial effect on health outcomes due to: - Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials Cohort studies in the prevailing published peer-reviewed medical literature						
Prostate procedures	Prior authorization required	52441	52442	55874		
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525	
Radiation therapy	Prior authorization no longer required	IGRT 77387	Proton Beam Therapy (PBT) 77520 77522 77523 77525			
		Radiation Treatment Delivery 77402* 77407 77412				
		SRS/SBRT 77371 77372 77373 G0339 G0340				
		Special/Associated Services 77331				

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
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77370
77399
77470

Y90
S2095
79445

*Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges:
Applicable ICD10 codes for cancer types in scope for Hypofractionation:

Bone Mets - ICD10: C79.51, C79.52

Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A

Prostate - ICD10: C61

Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:

Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92

Rhinoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sleep apnea procedures and surgeries	Prior authorization required	21685	41512	41530	41599
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery with laser-assisted uvulopalatoplasty (LAUP).	42145			

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
	Applies only for surgical sleep apnea procedures – not sleep studies.				
Spinal surgery	Prior authorization required	20930 22858	20931	20939	22854
Stimulators	Prior authorization required	Bone growth stimulator E0747	E0748	E0749	E0760
Implantation of a device that sends electrical impulses	All requests for devices should be directed to a health plan contracted vendor. For more information, please call the number on the member's health plan ID card.	Neurostimulator 61863 63650 64568	61867 63655 64590	61885 63685 L8682	61886 64555 L8683
Therapeutic Radiopharmaceuticals	Prior authorization required	A9513 A9615	A9590 A9699	A9606	A9607
Transplant of tissue or organs	Prior authorization required	For cellular and gene therapy services, including Abecma, Amtagvi, Breyanzi, Carvykti, Casgevy, Kymriah, Lantidra, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Waskyra, Yartemlea, Yescarta, Zevaskyn and Zynteglo please call the Optum Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation	Request for transplant or transplant-related services prior to pre-treatment or evaluation	Bone marrow harvest 38240	38241	38242	
		Evaluation for transplant 99205			
		Heart 33940	33944	33945	
		Heart/lung 33930	33935		
		Intestine 44132	44133	44135	44136
		Kidney 50300 50360	50320 50365	50323 50370	50340 50547
		Liver 47135	47143	47147	
		Lung 32850 32854	32851 32856	32852 S2060	32853 S2061
		Pancreas 48551	48552	48554	
		Services related to transplants 32855 38210 38215 44720 47141	33933 38212 38232* 44721 47142	38208 38213 44137 47133 47144	38209 38214 44715 47140 47145

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization		
		47146	50325	S2152

Cellular and gene therapy

0537T	0538T	0539T	0540T
C9098	J1289	J3386	J3387
J3389	J3391	J3392	J3393
J3394	J3402	J9999	Q2041
Q2042	Q2053	Q2054	Q2055
Q2056	Q2057	Q2058	

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

Unclassified codes**

C9399	J3490	J3590
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**Lantidra

Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required	37243	37799		
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		Please call the Optum VAD Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		33975	33976	33979	33981
		33982	33983	33927	33928
		33929			

