

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

Effective August 1, 2023

## General information

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

To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.
- **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 2023 UnitedHealthcare Administrative Guide for commercial and Medicare Advantage plans including UnitedHealthcare West fee-for-service at **UHCprovider.com** > Menu > Administrative Guides.

**The following plans require prior authorization for in-network services:**

### Included Plans

#### 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** from 8 a.m. to 5 p.m., Eastern Time, Monday through 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			
<b>Behavioral health services</b>	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.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
<b>Breast reconstruction–non-mastectomy</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	11920	11921	11922	19316
		19318	19325	19328	19330
		19340	19342	19350	19357
		19361	19364	19367	19368
		19369	19370	19371	19380
		19396	L8600		
		<b>Notification or prior authorization is <u>not</u> required for the following diagnosis codes:</b>			
		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			
<b>Cancer Supportive Care</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent(s) administered in an outpatient setting for a cancer diagnosis <b>*Codes J1442, J1447, Q5108, Q5110, Q5111, and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.</b>	<b><u>Anti-emetics that require prior authorization:</u></b>			
		<b>Akynzeo® (palonosetron/fosnetupitant)</b>			
		J1454			
		<b>Cinvanti™ (aprepitant)</b>			
		J0185			
		<b>Emend® (fosaprepitant)</b>			
		J1453	-	-	-
		<b>Sustol® (granisetron extended release)</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer Supportive Care (continued)		J1627
		<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>
		<b>Filgrastim (Neupogen®)</b>
		J1442*
		<b>Filgrastim-aafi (Nivestym™)</b>
		Q5110*
		<b>Filgrastim-sndz (Zarxio®)</b>
		Q5101
		<b>Pegfilgrastim (Neulasta®)</b>
		J2506
		<b>Pegfilgrastim-apgf (Nyvepria™)</b>
		Q5122*
		<b>Pegfilgrastim-bmez (Ziextenzo®)</b>
		Q5120
		<b>Pegfilgrastim-cbqv (UDENYCA™)</b>
		Q5111*
		<b>Pegfilgrastim-jmdb (Fulphila™)</b>
		Q5108*
		<b>Sargramostim (Leukine®)</b>
		J2820
		<b>Tbo-filgrastim (Granix®)</b>
		J1447*
		<b>Trilaciclib (Cosela™)</b>
	J1448	
	<b><u>Bone-modifying agent that requires prior authorization:</u></b>	
	<b>Denosumab (Prolia®, Xgeva®)</b>	
	J0897	
	<b><u>Antiemetic Drugs</u></b>	
	J1456	
	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your UProvider Portal dashboard. Or, call <b>888-397-8129</b> .	

**Cardiology services** Prior authorization no longer required

**Cardiovascular** Prior authorization is required

		Cardiology	
		Vascular	
93653	93656		
37220*	37221*	37224*	37225*
37226*	37227*	37228*	37229*
37230*	37231*		

\*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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		170.228	170.229	170.231	170.232
		170.233	170.234	170.235	170.238
		170.239	170.241	170.242	170.243
		170.244	170.245	170.248	170.249
		170.25	170.261	170.262	170.263
		170.268	170.269	170.321	170.322
		170.323	170.329	170.331	170.332
		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.421	170.422	170.423
		170.428	170.429	170.431	170.432
		170.433	170.434	170.435	170.438
		170.439	170.441	170.442	170.443
		170.444	170.445	170.448	170.449
		170.461	170.462	170.463	170.468
		170.469	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.621	170.622	170.623
		170.628	170.629	170.631	170.632
		170.633	170.634	170.635	170.638
		170.639	170.641	170.642	170.643
		170.644	170.645	170.648	170.649
		170.661	170.662	170.663	170.668
		170.669	170.721	170.722	170.723
		170.728	170.729	170.731	170.732
		170.733	170.734	170.735	170.738
		170.739	170.741	170.742	170.743
		170.744	170.745	170.748	170.749
		170.761	170.762	170.763	170.768
		170.769	172.3	172.4	172.8
		172.9	177.2	177.70	177.72
		177.77	177.79	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		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
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cardiovascular (continued)</b>		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>Cartilage Implants</b>	Prior authorization required	27415	27416		
	<b>Chemotherapy services</b>	Notification 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 notification:</b> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642)</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 notification, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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>Cochlear implants and other auditory implants</b>	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 achieve conversational speech		L8690	L8691	L8692		
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960	11971	15820	15821	
	Advance notification is required	15822	15823	15830	15847	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	for inpatient or outpatient services.	15877	15878	15879	17106
		17107	17108	17999	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21248	21249	21255
		21256	21260	21261	21263
		21267	21268	21275	21299
		21740	21742	21743	28344
		30540	30545	30560	30620
		31295	31296	31297	31298
		31299	67900	67901	67902
		67903	67904	67906	67908
		67909	67912	67950	67961
67966	Q2026				

**Durable medical equipment (DME)**  
All requests for durable medical equipment should be directed to a health plan contracted vendor. For more information, please call the number on the member's health plan ID card.

**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 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 F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:**

14000	14001	14041	15734
15738	15750	15757	15758
15775	15776	15780	15781
15782	15783	15788	15789
15792	15793	19303	21899
31599	31899	53410	53420

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		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	92507	92508
<b>Home health care services</b> 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			
<b>Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures</b>	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Hysterectomy (vaginal) – inpatient only</b>	No prior is authorization required for outpatient vaginal hysterectomies.	58260	58262	58263	58267
		58270	58275	58280	58290
		58291	58292	58294	
<b>Injectable medications</b>	Prior authorization required*	<b>Aduhelm™</b> J0172 <b>Amvuttra™</b> J0225  <b>Botulinum Toxins</b> J0585      J0586      J0587      J0588  <b>Crysvita®</b> J0584  <b>Entyvio™</b> J3380  <b>Evkeeza™</b> J1305  <b>Hemgenix®</b> J1411  <b>Immune Globulins (IVIG, SCIG)</b> 90283      90284      J1459      J1551 J1554      J1555      J1556      J1557 J1558      J1559      J1561      J1566 J1568      J1569      J1572      J1575 J1599  <b>Injectable Medications – Unclassified**</b> C9151      C9399      J3490      J3590  <b>Korsuva®</b> J0879  <b>Krystexxa</b>			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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**Injectable medications  
(continued)**

J2507  
**Leqembi®**  
J0174  
**Leqvio®**  
J1306  
**Luxturna™**  
J3398  
**Nexviazyme®**  
J0219  
**Ocrevus™**  
J2350  
**Onpattro™**  
J0222  
**Orencia™**  
J0129  
**Oxlumo™**  
J0224  
**Panzyga®**  
J1576  
**Prolia**  
J0897  
**Radicava®**  
J1301  
**Reblozyl®**  
J0896  
**Releuko®**  
Q5125  
**Ryplazim™**  
J2998  
**Saphnelo™**  
J0491  
**Scenesse®**  
J7352  
**Skyrizi®**  
J2327  
**Soliris®**  
J1300  
**Spevigo®**  
J1747  
**Spinraza™**  
J2326  
**Tepezza®**  
J3241  
**Tezspire™**



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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**Injectable medications (continued)**

J2356

**Therapeutic Radiopharmaceuticals\***

A9513	A9590	A9606	A9699
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**Tzield®**

J9381

**Ultomiris™**

J1303

**Uplizna®**

J1823

**Vyvgart™**

J9332

**Zolgensma®**

J3399

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\*\* For unclassified and temporary codes, C9151, C9399, J3490 and J3590 prior authorization is only required for Rystiggo, Skysona, Syfovre and Zynteglo

Injectable medications– Step therapy	Prior authorization required	Bone Density Agents
		J3111 J0897
		<b>Colony-Stimulating Factors**</b>
		J1442 J1447 J1449 Q5108
		Q5110 Q5111 Q5122 Q5125
		Q5127 Q5130
		<b>Erythropoiesis-Stimulating Agents</b>
		J0885
		<b>Hyaluronic Acid Polymers (FDA approved as medical devices)</b>
		J7320 J7321 J7322 J7323
		J7324 J7326 J7327 J7329
		J7331 J7332
		<b>Immunomodulators</b>
		J1745 Q5104
		<b>Intravenous Iron Products</b>
		J1437 J1439
		<b>Rituximab</b>
		J9311 J9312 Q5123
		<b>Vascular Endothelial Growth Factor (VEGF) Inhibitors***</b>
		C9097 J0178 J0179 J2279
		J2777 J2778 Q5124 Q5128

\*\*\*For codes J1442, J1447, Q5108 and Q5110, Q5111, Q5122 prior authorization is required for both oncology and non-oncology DX.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Inpatient admissions</b>	Notification required				
<b>Inpatient admissions: Acute inpatient rehabilitation (AIR)/ long-term acute care (LTAC)/skilled nursing facility (SNF)</b>	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul> <p><b>Note:</b> These plans are excluded from the skilled nursing facility prior authorization requirement:</p> <ul style="list-style-type: none"> <li>• UnitedHealthcare Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)</li> <li>• UnitedHealthcare Nursing Home</li> </ul>	naviHealth manages prior authorization for in-scope membership. <b>Phone: 855-851-1127</b> <b>Fax: 844-244-9482</b>			
<b>Non-emergency air transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
Non-urgent ambulance transportation by air between specified location					
<b>Orthognathic surgery</b>	Prior authorization required	21120	21121	21122	21123
Treatment of maxillofacial/jaw functional impairment		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247		
<b>Orthopedic – spine and joint surgeries</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22222	22224	22532	22533
		22548	22551	22554	22556
		22558	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22864
		22865	22867	22869	22899
		23470	23472	24360	24361
<b>Orthopedic (cont.)</b>		24362	24363	24365	25441

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		25442	25444	25446	25449
		27120	27122	27125	27130
		27132	27134	27137	27138
		27412	27445	27446	27447
		27486	27487	27700	29834
		29837	29838	29840	29844
		29845	29846	29847	29866
		29867	29868	29891	29892
		29894	29895	29897	29898
		29899	29914	29915	29916
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63051	63055	63056	63064
		63075	63077	63081	63085
		63087	63090	63101	63102
		63170	63172	63173	63185
		63190	63191	63197	63200
		0200T	0201T	J7330	
<b>Orthotics</b>	Prior authorization is required for orthotics with a retail purchase or a cumulative rental cost of more than \$1,000.	L0112	L0140	L0150	L0170
		L0200	L0220	L0452	L0462
		L0464	L0466	L0468	L0480
		L0482	L0484	L0486	L0622
		L0623	L0624	L0629	L0631
		L0632	L0634	L0636	L0638
		L0700	L0710	L0810	L0820
		L0830	L0859	L0999	L1000
		L1001	L1005	L1200	L1300
		L1310	L1499	L1630	L1640
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1834
		L1844	L1904	L1920	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2040	L2050	L2060	L2070
		L2080	L2090	L2126	L2136
		L2232	L2320	L2387	L2520
		L2525	L2526	L2627	L2628
		L2800	L2861	L3160	L3201
		L3202	L3203	L3204	L3206
		L3207	L3208	L3209	L3211
		L3212	L3213	L3214	L3215
		L3250	L3251	L3252	L3253

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		L3254	L3255	L3257	L3265
		L3320	L3485	L3649	L3674
		L3720	L3764	L3765	L3766
		L3891	L3900	L3901	L3904
		L3921	L3956	L3961	L3967
		L3971	L3973	L3975	L3976
		L3977	L3978	L4000	L4030
		L4040	L4045	L4050	L4055
		L4631			

**Out-of-network services**  
A recommendation from a network physician or health care provider to a hospital, physician or other health 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 non-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 health 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.

<b>Pain Management</b>	Prior authorization required	62350 62362	62351	62360	62361
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**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.

<b>Potentially unproven services – including experimental</b>	Prior authorization required	28890 64744	36514 66180	64405 95965	64722 95966
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>and investigational (and/or linked services)</b>					
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:					
<ul style="list-style-type: none"> <li>Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials</li> <li>Cohort studies in the prevailing published peer-reviewed medical literature</li> </ul>					
<b>Prostate Procedures</b>	Prior authorization required	52441	52442	55874	
<b>Prosthetics</b>	Prior authorization required for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000.	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5700
		L5701	L5702	L5703	L5707
		L5724	L5726	L5728	L5780
		L5781	L5782	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5930	L5960	L5961	L5966
		L5968	L5973	L5979	L5980
		L5981	L5987	L5988	L5990
		L6000	L6010	L6020	L6026
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6380
		L6382	L6384	L6400	L6450
		L6500	L6550	L6570	L6580
		L6582	L6584	L6586	L6588

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (cont.)</b>		L6590	L6621	L6624	L6638
		L6646	L6648	L6693	L6696
		L6697	L6707	L6709	L6712
		L6713	L6714	L6715	L6721
		L6722	L6880	L6881	L6882
		L6883	L6884	L6885	L6895
		L6900	L6905	L6910	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7499
		L8035	L8039	L8041	L8042
		L8043	L8044	L8049	L8499
	L8505	L8604	L8609	L8699	
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Radiology services</b>	Prior authorization no longer required				
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Site of service (SOS) – Outpatient hospital</b>	Prior authorization is only required when requesting service in an outpatient hospital setting  Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Breast Lesion/Cyst/Tumor Removal</b> 19125  <b>Carpal Tunnel Surgery</b> 29848  <b>Colonoscopy and Biopsy</b> 44388      44389      44391      44408 45330      45378      45379      45380 45381      45382      45384      45385 45386      45388      45389      45390 45393      G0105      G0121  <b>Corneal Transplant</b> 65756  <b>Cystoscopy</b> 52000      52001      52005      52007 52204      52214  <b>Deviated Septum Repair</b> 30520  <b>Eye Surgery</b> 0191T      65855      66183      66982 66984      67036      67040      67041 67042      67108      67113      67145			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (continued)		67210	67228	67917	
	<b>Fractured Arm</b>				
		23615	23630	24515	24516
		24665	24666	25545	25605
		25606	25607	25608	25609
	<b>Glaucoma Procedures</b>				
		65820	66170		
	<b>Hernia Repair</b>				
		49505	49521	49525	49550
		49553	49650	49651	
	<b>Knee Arthroscopy</b>				
		29870	29874	29875	29876
		29877	29879	29880	29881
		29888			
	<b>Other Bladder Surgeries</b>				
		51720	51728	51729	52287
		52300	52310	52315	52330
		52332	52341	52344	52351
		52354	52356	53445	
	<b>Other Female Genital Surgeries</b>				
		57240	57260	57288	58558
	<b>Other Foot/Toe Surgeries</b>				
		28120	28285	28288	28291
		28296			
	<b>Other Male Genital Surgeries</b>				
		55040			
	<b>Other Nervous System Surgeries</b>				
		64718	64721		
	<b>Other Prostate Surgeries</b>				
		52630	55700		
	<b>Other Therapeutic Procedures of the Muscle/Tendon</b>				
		23430	26055	26123	
	<b>Other Urethra Surgeries</b>				
		52275	52276	52281	52282
		52285			
	<b>Pain Management</b>				
		62270	62321	62322	62323
		64418	64483	64490	64493
		64510	64633	64635	
<b>Percutaneous Vertebral Augmentation</b>					
	22514				
<b>Removal of Bladder Tumors</b>					



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – Outpatient hospital (continued)</b>		52224	52234	52235	
		<b>Removal of Kidney Stones</b>			
		50590			
		<b>Shoulder Arthroscopy</b>			
		29823	29824	29827	29828
		<b>Skin Graft</b>			
		14040	14060	14301	15100
		15120	15220	15240	15260
		<b>Treatment/Removal of Bladder Stones</b>			
		52320	52325	52352	52353
		<b>Upper GI Endoscopy - Esophagus / Stomach / Small Intestine</b>			
		43235	43236	43237	43238
		43239	43240	43241	43242
		43245	43247	43248	43249
		43250	43251	43253	43254
	43255	43259			
<b>Sleep apnea procedures and surgeries</b>	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			
	Applies only for surgical sleep apnea procedures – <b>not</b> sleep studies.				
<b>Spinal Surgery</b>	Prior authorization required	20930	20931	20939	22854
		22858			
<b>Stimulators</b>	Prior authorization required	<b>Bone Growth Stimulator</b>			
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.	E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		61850	61863	61864	61867
		61868	61885	61886	63650
		63655	63685	64555	64568
		64590	L8682	L8683	
<b>Therapeutic radiology services</b>	Prior authorization no longer required				
<b>Transplant of tissue or organs</b>	Prior authorization required	<b>For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi®, Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), 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.</b>			
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**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		38240	38241	38242	
		<b>Evaluation for Transplant</b>			
		99205			
		<b>Heart</b>			
		33940	33944	33945	
		<b>Heart/Lung</b>			
		33930	33935		
		<b>Intestine</b>			
		44132	44133	44135	44136
		<b>Kidney</b>			
		50300	50320	50323	50340
		50360	50365	50370	50547
		<b>Liver</b>			
		47135	47143	47147	
		<b>Lung</b>			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		<b>Pancreas</b>			
		48551	48552	48554	
		<b>Services Related to Transplants</b>			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232*	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		<b>CAR-T Cell Therapy</b>			
		0537T	0538T	0539T	0540T
		C9098	J9999	Q2041	Q2042
		Q2053	Q2054	Q2055	Q2056

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

<b>Vein procedures</b>	Prior authorization required	37243	37700	37718	37722
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		37780	37799		

<b>Ventricular assist devices (VAD)</b>		Please call the Optum VAD Case Management team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33975	33976	33979	33981
		33982	33983	33927	33928
		33929			

