

# Prior authorization requirements for Florida Medicaid

Effective October 1, 2022

## 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-appgf (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><u>Bone-modifying agents that require prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b> J0897</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	37221	37224	37225
		37226	37227	37228	37229
		75710*	75716*	93580	

**\*Prior authorization required for the following diagnosis codes:**

E08.51	E08.52	E08.59	E08.621
E09.51	E09.52	E09.59	E09.621
E10.51	E10.52	E10.59	E10.621
E11.51	E11.52	E11.59	E11.621
E13.51	E13.52	E13.59	E13.621
I70.201	I70.202	I70.203	I70.208
I70.209	I70.211	I70.212	I70.213
I70.218	I70.219	I70.221	I70.222

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

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	I70.291
I70.292	I70.293	I70.298	I70.299
I70.301	I70.302	I70.303	I70.308
I70.309	I70.311	I70.312	I70.313
I70.318	I70.319	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	I70.391	I70.392	I70.393
I70.399	I70.401	I70.402	I70.403
I70.408	I70.409	I70.411	I70.412
I70.413	I70.418	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	I70.491	I70.492
I70.493	I70.498	I70.499	I70.501
I70.502	I70.503	I70.508	I70.509
I70.511	I70.512	I70.513	I70.518
I70.519	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	I70.591	I70.592	I70.593
I70.598	I70.599	I70.601	I70.602
I70.603	I70.608	I70.609	I70.611
I70.612	I70.613	I70.618	I70.619
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
I70.691	I70.692	I70.693	I70.698

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	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	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	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	T82.856A	T82.858A	
	T82.868A	T82.898A	Z95.820	Z98.62	
<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	J9071	J9273	J9331	J9332
		<b>J9359</b>			
		<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),</li> </ul>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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<b>Chemotherapy (cont.)</b>	diagnosis	Lupron Depot (J1950) <ul style="list-style-type: none"> <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> 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="http://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> .			
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<b>Chiropractic</b>	Prior authorization required	98940	98941	98942	98943
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<b>Circumcision</b>	Prior authorization required for patients ages 12 weeks and older	54161			
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<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69710	69714	69930	L8614
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech		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>	Prior authorization required	11960	14020	14021	14041
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		14060	14061	14301	15820
		15821	15822	15823	15830
		15847	15877	17106	17107
		17108	17999	21137	21138
		21139	21172	21175	21179
Reconstructive procedures that treat a medical condition to improve or restore physiologic function		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	

<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	A9279	A9280	A9900	E0265
		E0270	E0300	E0328	E0329
		E0445	E0457	E0460	E0465
	Prosthetics are not DME — see <i>Orthotics and Prosthetics</i> .	E0466	E0470	E0471	E0483
		E0486	E0620	E0652	E0675
		E0693	E0694	E0745	E0762



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>DME (cont.)</b>	Some home health care services may qualify but are not subject to the cost threshold — see <i>Home Health Care</i> .	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
		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 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	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
		81168	81170	81171	81172
		81173	81174	81175	81176
		81177	81178	81179	81180
		81181	81182	81183	81184
		81185	81186	81187	81188

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Genetic and molecular testing (cont.)</b>	authorized for those CPT	81189	81190	81191	81192
	codes registered with the	81193	81194	81200	81201
	Genetic and Molecular	81203	81204	81205	81208
	Testing Prior	81209	81212	81216	81218
	Authorization/Notification	81220	81222	81223	81224
	program for each specified	81225	81226	81227	81228
	genetic test.	81229	81230	81231	81232
	Notification/prior authorization	81233	81234	81236	81237
	required for BRCA testing	81238	81239	81240	81241
	before DNA sequencing is	81242	81243	81244	81245
	performed. The ordering care	81246	81247	81248	81249
	provider must notify the	81250	81251	81252	81253
	laboratory conducting the test	81254	81255	81256	81257
	and the laboratory will notify	81258	81259	81260	81261
	UnitedHealthcare.	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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Genetic and molecular testing (cont.)</b>		81438	81439	81440	81442
		81443	81445	81448	81460
		81465	81470	81471	81479
		81507	81518	81519	81520
		81521	81522	81523	81546
		81554	81595	81599	87481
		87482	87505	87506	87507
		87510	87511	87512	87623
		87797	87798	87799	87800
		87801	0001U	0004M	0006M
		0007M	0012U	0013U	0014U
		0016U	0017U	0018U	0022U
		0023U	0026U	0027U	0030U
		0031U	0032U	0033U	0034U
		0040U	0046U	0049U	0055U
		0060U	0068U	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	S9122	S9123	S9124	T1021



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	only in outpatient settings — to include member's home	T1030	T1031		
<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> J0800 <b>Adakveo®</b> J0791 <b>Aldurazym®</b> J1931 <b>Amondys 45</b> J1426 <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>Cabenuva™</b> J0741 <b>Cimzia®*</b> J0717 <b>Cinqair®</b> J2786 <b>Cinryze®</b> J0598 <b>Crysvita®</b> J0584 <b>Cutaquig®</b> J1551 <b>Elaprase®</b> J1743			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	<b>Enjaymo®***</b>				
	J1302				
	<b>Entyvio®</b>				
	J3380				
	<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>Gamifant®</b>				
	J9210				
	<b>Glassia®</b>				
	J0257				
	<b>Givlaari®</b>				
	J0223				
	<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		
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**Injectable medications (cont.)**

<b>Krystexxa®</b>				
J2507				
<b>Lemtrada®</b>				
J0202				
<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>Onpatro™</b>				
J0222				
<b>Orencia®</b>				
J0129				
<b>Oxlumo™</b>				
J0224				
<b>Parsabiv™</b>				
J0606				
<b>Probuphine®</b>				
J0570				
<b>Prolastin-C®</b>				
J0256				
<b>Radicava®</b>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	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>Soliris®</b>					
J1300					
<b>Sodium hyaluronate</b>					
J7320	J7321	J7322	J7324		
J7325	J7326	J7327	J7329		
J7331	J7332				
<b>Somatuline® Depot</b>					
J1930					
<b>Spinraza™</b>					
J2326					
<b>Spravato™</b>					
S0013					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	<b>Stelara®</b>	J3358			
	<b>Sublocade™</b>	Q9991	Q9992		
	<b>Supprelin® LA</b>	J9226			
	<b>Synagis®*</b>	90378			
	<b>Tepezza®</b>	J3241			
	<b>Tezspire™***</b>	J2356			
	<b>Therapeutic radiopharmaceuticals</b>				
	<b>Trelstar®</b>	A9513	A9590	A9606	A9699
	<b>Triptodur®</b>	J3315			
	<b>Trogarzo™</b>	J1746			
	<b>Truxima®</b>	Q5115			
	<b>Unclassified and temporary codes**</b>				
	<b>Uplizna®</b>	C9090	C9094	C9399	J3490
	<b>Ultomiris™</b>	J1303			
	<b>Vantas™</b>	J9225			
	<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>Xolair®</b>	J2357			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Injectable medications (cont.)</b>		<p><b>Zemaira®</b> J0256</p> <p><b>Zoladex®</b> J9202</p> <p><b>Zolgensma®</b> J3399</p> <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, C9399, J3490 and J3590 prior authorization is only required for Fynetra®***, Lupaneta Pack™, Nulibry™, Purified Cortrophin Gel™, and Vabysmo™</p> <p>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 24370 27130 27138 27486 29868	24361 24371 27132 27412 27487 J7330	24362 27120 27134 27446 29866 S2112	24363 27125 27137 27447 29867
<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> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246	21123 21142 21147 21155 21193 21198 21209 21242 21247	21125 21143 21150 21159 21194 21199 21210 21244 21248	21127 21145 21151 21160 21195 21206 21215 21245 21249

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		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
- 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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Outpatient therapy (cont.)</b>		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>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)			
		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	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	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 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>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 0712T	0698T 0713T	0710T	0711T
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Shoulder surgery</b>	Prior authorization required	29805 29820 29825	29806 29822 29826	29807 29823 29827	29819 29824 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  Prior authorization not required if performed at a participating ambulatory surgery center (ASC)	<b>Carpal tunnel surgery</b> 64721 <b>Cataract surgery</b> 66821          66982          66984 <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</b>	Prior authorization required	21685	41599	42145	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**and surgeries**  
 Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea

<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22515	22532	22533
		22548	22551	22554	22556
		22558	22586	22590	22595
		22600	22610	22612	22630
		22633	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22849	22850
		22852	22855	22856	22861
		22864	22865	22899	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63040	63042	63045
		63046	63047	63050	63055
		63056	63064	63075	63077
		63081	63085	63087	63090
		63101	63102	63170	63172
		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® (Idecaptogene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Transplants (cont.)</b>		(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
		C9098**	J9999**	Q2041	Q2042
		Q2053	Q2054	Q2055	
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		**For temporary and unclassified code C9098 and J9999 prior authorization is only required for Carvykti™			
<b>Vein procedures</b>	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37765
		37766	37780		
<b>Ventricular assist devices (VAD)</b>	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> .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509