

Prior authorization requirements for Florida Medicaid

Effective June 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 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			
Acupuncture	Prior authorization required	97810	97811	97813	97814
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health services	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.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast pump, electric	Prior authorization required	E0604			
Breast reconstruction (non-mastectomy) 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
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	<p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Filgrastim (Neupogen®) J1442</p> <p>Filgrastim-aafi (Nivestym™) Q5110</p> <p>Filgrastim-sndz (Zarxio®) Q5101</p> <p>Pegfilgrastim (Neulasta®) J2506</p> <p>Pegfilgrastim-apgf (Nyvepria™) Q5122</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447</p> <p>Trilaciclib (Cosela™) J1448</p> <p>Filgrastim-ayow (Releuko®) Q5125</p> <p><u>Bone-modifying agents that require prior authorization:</u></p> <p>Denosumab (Xgeva®) 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 UHCprovider.com 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 888-397-8129.</p>

Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231	93580	

***Prior authorization 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

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

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
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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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			
Cerebral seizure monitoring – inpatient video electroencephalogram (EEG)	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
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization:			
		<ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) • 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 Healthcare Common Procedure Coding System (HCPCS) code <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 UHCprovider.com 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 888-397-8129.</p>			
Chiropractic	Prior authorization required	98940	98941	98942	98943
Circumcision	Prior authorization required for patients ages 12 weeks and older	54161			
Cochlear implants and other auditory implants A medical device within the inner ear with an external portion to help	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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persons with profound sensorineural deafness achieve conversational speech

Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A9276	A9277	A9278	
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Cosmetic and reconstructive 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
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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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	
Durable Medical Equipment (DME)	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	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
	Prosthetics are not DME — see <i>Orthotics and Prosthetics</i> .	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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
DME (cont.)		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			
Enteral services 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			
Experimental and Investigational (and/or linked services)	Prior authorization required	33477	36514	55866	64722
		65765	65767	66180	A4638
		A6000	A9274	E0231	E1831
		S0810	S1030	S1031	S9988
		S9990	S9991		
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic and molecular testing to include BRCA gene testing	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 BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81229	81230	81231	81232
		81233	81234	81236	81237
		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	

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

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	87481
87482	87505	87506	87507
87510	87511	87512	87623
87797	87798	87799	87800
87801	0001U	0004M	0006M
0007M	0016U	0017U	0018U
0022U	0023U	0026U	0027U
0030U	0031U	0032U	0033U
0034U	0040U	0046U	0049U
0055U	0060U	0068U	0070U

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Genetic and molecular testing (cont.)		0071U	0072U	0073U	0074U	
		0075U	0076U	0084U	0087U	
		0088U	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		
	Home health care	Prior authorization required only in outpatient settings — to include member's home	S9122 T1030	S9123 T1031	S9124	T1021
	Hysterectomy	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
Injectable medications	Prior authorization required	Actemra® J3262 Acthar® J0800 Adakveo® J0791 Aldurazym® J1931				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Amondys 45				
	J1426				
	Amvuttra™				
	J0225				
	Apretude™				
	J0739				
	Aralast NP®				
	J0256				
	Avsola™				
	Q5121				
	Benlysta				
	J0490				
	Berinert®				
	J0597				
	Botulinum toxins				
	J0585	J0586	J0587	J0588	
	Brineura™				
	J0567				
	Cabenuva™				
	J0741				
	Cimzia®*				
	J0717				
	Cinqair®				
	J2786				
	Cinryze®				
	J0598				
	Crysvita®				
	J0584				
	Cutaquig®				
	J1551				
	Elaprase®				
	J1743				
	Enjaymo®				
	J1302				
Entyvio®					
J3380					
Evenity™					
J3111					
Evkeeza™					
J1305					
Exondys 51™					
J1428					
Fabrazyme®					
J0180					
Fasenra™					
J0517					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Fensolvi®				
	J1951				
	Feraheme®				
	Q0138				
	Firmagon®				
	J9155				
	Fynetra®				
	Q5130				
	Gamifant®				
	J9210				
	Glassia®				
	J0257				
	Givlaari®				
	J0223				
	Hemgenix®				
	J1411				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG (Intravenous immunoglobulin)				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	Kalbitor®				
	J1290				
	Kanuma®				
	J2840				
	Korsuva®				
J0879					
Krystexxa®					
J2507					
Lanreotide®					
J1932					
Lemtrada®					
J0202					
Leqvio®					
J1306					
Lumizyme®					
J0221					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)	Lupron Depot®	J1950		
	Lupron Depot, Eligard®	J9217		
	Luxturna™	J3398		
	Makena®	J1726	J1729	J2675
	Mepsevii®	J3397		
	Monoferric®	J1437		
	Naglazyme®	J1458		
	Nexviazyme®	J0219		
	Nplate®	J2796		
	Nucala®	J2182		
	Ocrevus™	J2350		
	Octreotide acetate	J2354		
	Onpatro™	J0222		
	Orencia®	J0129		
	Oxlumo™	J0224		
	Parsabiv™	J0606		
	Probuphine®	J0570		
	Prolastin-C®	J0256		
	Prolia®	J0897		
	Radicava®	J1301		
	Reblozyl®	J0896		
	Releuko®	Q5125		
	Remicade®			

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

J1745				
Renflexis®				
Q5104				
Revcovi®				
J3590				
Riabni™				
Q5123				
Rituxan®				
J9312				
Rituxan Hycela®				
J9311				
Ruconest®				
J0596				
Ruxience®				
Q5119				
Ryplazim™				
J2998				
Sandostatin® LAR				
J2353				
Saphnelo®				
J0491				
Scenesse®				
J7352				
Signifor® LAR				
J2502				
Simponi Aria®				
J1602				
Skyrizi®				
J2327				
Soliris®				
J1300				
Sodium hyaluronate				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
Somatuline® Depot				
J1930				
Spevigo®				
J1747				
Spinraza™				
J2326				
Spravato™				
S0013				
Stelara®				
J3358				

Procedures and services	Additional information	CPT [®] or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Sublocade™	Q9991	Q9992		
	Sunlenca®***	J1961			
	Supprelin® LA	J9226			
	Synagis®*	90378			
	Tepezza®	J3241			
	Tezspire™	J2356			
	Therapeutic radiopharmaceuticals				
	A9513		A9590	A9606	A9607
	A9699				
	Trelstar®	J3315			
	Triptodur®	J3316			
	Trogarzo™	J1746			
	Truxima®	Q5115			
	Unclassified and temporary codes**				
	C9090		C9094	C9149	J3490
	J3590				
	Uplizna®	J1823			
	Ultomiris™	J1303			
	Intravitreal Vascular Endothelial Growth Factor (VEGF)				
	J0178		J0179	J2777	J2778
	J2779		Q5124	Q5128	
	Viltepso™	J1427			
	Vimizim®	J1322			
	Vyepti™	J3032			
	Vyondys 53	J1429			
	Vyvgart™	J9332			
	Xembify®	J1558			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Xenpozyme®			
		J0218			
		Xolair®			
		J2357			
		Zemaira®			
		J0256			
		Zoladex®			
		J9202			
		Zolgensma®			
		J3399			
		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 & 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 UHCprovider.com/policies > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.			
		* Please obtain prior notification for Cimzia, Synagis and Xolair through OptumRx Prior Notification Services at 800-310-6826 .			
		** For unclassified and temporary codes, C9090, C9094, C9399, J3490 and J3590 prior authorization is only required for Nulibry™, Purified Cortrophin Gel™, Tziel, Vabysmo™			
		For prior authorization, please submit requests online by using 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 tool on your Provider Portal dashboard. Or call 888-397-8129			
		***Code effective 7/1			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
Massage therapy	Prior authorization required	97010	97112	97124	97140
Musculoskeletal	Prior authorization required	23470	23472	23473	23474
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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		21246	21247	21248	21249
		21255	21296	21299	

Orthotics and Prosthetics	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		
Orthotics and		L5966	L5968	L5973	L5976

Procedures and services	Additional information	CPT [®] or HCPCS codes and/or how to obtain prior authorization			
prosthetics (cont.)		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
- 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 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

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

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	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.

Potentially Unproven Services

Prior authorization required

33289	C2624
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Prostate procedures

Prior authorization required

37243	52441	52442	53852
55873	55874		

Radiation therapy

Prior authorization required

IGRT			
Image-guided radiation therapy			
77014	77387	G6001	G6002
IMRT			
Intensity-modulated radiation therapy			
77385	77386		
Proton beam			
Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
77520	77522	77523	77525
Special/associated services			
77331	77370	77399	77470
SRS/SBRT			
77371	77372	77373	
Standard radiation therapy (2D/3D)			
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:			
Y90			
Implantable beta-emitting microspheres for treatment of malignant tumors			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		79445	S2095		
	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</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 UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your portal dashboard. Or call 866-889-8054.</p> <ul style="list-style-type: none"> For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/FLcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program. 			
Radiology	Prior authorization required	0697T 0712T	0698T 0713T	0710T	0711T
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Shoulder surgery	Prior authorization required	29805 29820 29825	29806 29822 29826	29807 29823 29827	29819 29824 29828
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	<p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center (ASC)</p>	<p>Carpal tunnel surgery 64721</p> <p>Cataract surgery 66821 66982 66984</p> <p>Colonoscopy 45378 45380 45384 45385</p> <p>Ear, nose and throat (ENT) procedures 69436</p> <p>Gynecologic procedures 57522 58558 58563</p> <p>Hernia repair 49505</p> <p>Miscellaneous 20680</p> <p>Ophthalmologic 65426</p> <p>Tonsillectomy and adenoidectomy 42820 42821 42825 42826 42830</p> <p>Upper and lower gastrointestinal endoscopy 43235 43239 43249</p>			

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

52000 52005

Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
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Spinal surgery	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			

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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		L8682 L8688	L8685	L8686	L8687
Transplants	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 888-936-7246 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			
		CAR T-cell therapy			
		0537T	0538T	0539T	0540T
		J9999	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2055	Q2056
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		Gene Therapy			
		C9399	J3490	J3590	
Vein procedures	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		
Ventricular assist devices (VAD)	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 855-282-8929 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores		33927	33928	33929	33975
		33976	33979	33981	33982

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
normal blood flow		33983	Q0507	Q0508	Q0509