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

Effective August 1, 2026

General information

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

Please submit your request in one of the following ways:

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

Prior authorization is not required for emergency or urgent care.

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

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

Preferred Care Partners A UnitedHealthcare Company

PREFERRED CARE NETWORK A UnitedHealthcare Company

United Healthcare

WellMed plans — How to obtain prior authorization

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

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

Preferred Care Partners:

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

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

Preferred Care Partners A UnitedHealthcare Company

PREFERRED CARE NETWORK A UnitedHealthcare Company

United Healthcare

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
	agent(s) administered in an outpatient setting for a cancer diagnosis *Codes J1442, J1447, Q5108, Q5110, Q5111, and Q5122 also require prior authorization for non-oncology Dx. See injectable medications section.	Q5157 Q5158 Q5159 **Antiemetic drugs** J1434 J1456 J2468 **Colony-stimulating factors** J1449 Q5148 **Erythropoiesis-stimulating agents** J0885 For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129.
Cardiovascular	Prior authorization is required	**Cardiology** 93653 93656 **Vascular** 37254* 37256* 37258* 37260* 37263* 37265* 37267* 37269* 37271* 37273* 37275* 37277* 37280* 37282* 37284* 37286* 37288* 37290* 37292* 37294* 37296* 37298* *Prior authorization is not required for the following diagnosis codes: E08.52 E09.52 E10.52 E11.52 E13.52 I70.221 I70.222 I70.223 I70.228 I70.229 I70.231 I70.232 I70.233 I70.234 I70.235 I70.238 I70.239 I70.241 I70.242 I70.243 I70.244 I70.245 I70.248 I70.249 I70.25 I70.261 I70.262 I70.263 I70.268 I70.269 I70.321 I70.322 I70.323 I70.329 I70.331 I70.332 I70.333 I70.334 I70.335 I70.338 I70.339 I70.341 I70.342 I70.343 I70.344 I70.345 I70.348 I70.349 I70.35 I70.361 I70.362 I70.363 I70.369 I70.421 I70.422 I70.423 I70.428 I70.429 I70.431 I70.432 I70.433 I70.434 I70.435 I70.438 I70.439 I70.441 I70.442 I70.443 I70.444 I70.445 I70.448 I70.449

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		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			
Cartilage implants	Prior authorization required	27415	27416		
Chemotherapy services	Notification required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require notification: • Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com**. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call **888-397-8129**.			
Cochlear implants and other auditory implants 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	Prior authorization required	69714	69930	L8614	L8619
		L8690	L8691	L8692	
Continuous Glucose Monitor	Prior authorization required	A4238	A4239	E2102	E2103
Cosmetic and reconstructive procedures	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	15878	15879	17106
		17107	17108	17999	21172

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Achieve conversational speech 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	Advance notification is required for inpatient or outpatient services.	21175 21182 21235 21256 21267 28344 30620 31298 67902 67908 67961	21179 21183 21248 21260 21268 30540 31295 31299 67903 67909 67966	21180 21184 21249 21261 21275 30545 31296 67900 67904 67912 Q2026	21181 21230 21255 21263 21299 30560 31297 67901 67906 67950
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.	E0470 E0651 E0660 E0669 E0675	E0471 E0652 E0665 E0671	E0472 E0655 E0667 E0672	E0650 E0656 E0668 E0673
End-stage renal disease/ dialysis services Services for the treatment of end-stage renal disease (ESRD) require advance notification, which includes outpatient dialysis services.	Advance notification is required if a member is referred to an out-of-network care provider for dialysis services. Using an in-network dialysis center can help our members avoid high-cost shares, even when they may have out-of-network benefits. 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.	To enroll or refer a Medicare member to the Kidney Resource Service, please call 866-561-7518.			
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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		15775	15776	15780	15781
		15782	15783	15788	15789
		15792	15793	19303	21899
		31599	31899	53410	53420
		53425	53430	54125	54400
		54401	54405	54408	54520
		54660	54690	55175	55180
		55866	56625	56800	56805
		57106	57110	57291	57292
		57295	57296	57335	57426
		58661	58720	58940	64856
		64892	64896	92507	92508
Home health care services Prior authorization is only required for members residing in and receiving services in Alabama and Georgia.	All requests for home health services should be directed to a health plan contracted vendor. For more information, please call the number on the member's health plan ID card.	Q5001* *Applies to Alabama only.	Q5002*	Q5009*	
Hysterectomy (abdominal and laparoscopic surgeries) – Inpatient and outpatient procedures	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Hysterectomy (vaginal) – Inpatient only	No prior is authorization required for outpatient vaginal hysterectomies.	58260	58262	58263	58267
		58270	58290	58291	58292
		58294			
Injectable medications	Prior authorization required	**Anemia** J0896 – Reblozyl **Alzheimers** J0174 – Leqembi J0175 – Kisunla **Asthma** J2786 – Cinqair J0517 – Fasenra J2182 – Nucala J2356 – Tezspire			

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
		Bloody Modifying Agents
		J0223 – Givlaari
		J1299 – Soliris
		J1302 – Enjaymo
		J1303 – Ultomiris
		J1307 – PiaSky
		J9332 – Vyvgart
		J9333 – Rystiggo
		J9334 – Vyvgart Hytrulo
		Q5151 – Epysqli
		Q5152 – Bkemv
		J1289 - Yartemlea
		Bone Density Agents
		Q5158 – Connexence
		J3111 – Evenity
		Q5136 – Jubbonti
		J0897 – Prolia
		Q5157 – Stoboclo
		Q5159 – Ospomyv
		Q5167 - Enoby
		Botulinum Toxins
		J0585 – Botox
		J0586 – Dysport
		J0587 – Myobloc
		J0588 – Xeomin
		J0589 – Daxxify
		Cardiology

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
		J1306 – Leqvio **Central Nervous System Agents** J0222 – Onpattro J0225 – Amvuttra J1301 – Radicava J1304 – Qalsody J2326 – Spinraza J3032 – Vyepti J9256 - Imaavy J9332 – Vyvgart J9333 – Rystiggo J9334 – Vyvgart Hytrulo **Endocrine** J0224 – Oxlumo J0584 – Crysvita J2507 – Krystexxa J3241 – Tepezza **Gene Therapy** J1411 – Hemgenix J1412 – Roctavian J1413 – Elevidys J3392 – Beqvez J3401 – Vyjuvek J3398 – Luxturna J3399 – Zolgensma J3403 – Encelto J3404 - Papzimeos

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

Q5136 – Jubbonti

Q5162 – Bildyos

J3405 - Itvisma

Hyaluronic Acid Polymers

J7320 – Genvisc 850

J7321 – Hyalgan/Supartz/Supartz FX/Visco-3

J7322 – Hymovis

J7323 – Euflexxa

J7324 – Orthovisc

J7326 – Gel-One

J7327 – Monovisc

J7329 – TriVisc

J7331 – Synojoynt

J7332 – Triluron

Immune Globulins (IVIG, SCIG)

90283	90284	J1459	J1551
J1552	J1553	J1554	J1555
J1556	J1557	J1558	J1559
J1561	J1566	J1568	J1569
J1572	J1575	J1576	J1599

Immune Modulator

J0491 – Saphnelo

J9038 – Niktimvo

J1823 – Uplizna

J9381 – Tzield

Inflammatory Conditions

J0129 – Orencia

J1628 – Tremfya IV

J1747 – Spevigo

J2267 – Omvoh

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
		J1305 – Evkeeza J2998 – Ryplazim J7171 – Adzynma **Rituximab** Q5123 – Riabni Q5119 – Ruxience Q5115 – Truxima J9311 – Rituxan Hycela J9312 – Rituxan **Sickle Cell Disease** J0791 – Adakveo **Tocilizumab** J3262 – Actemra Q5133 – Tofidence Q5135 – Tyenne **Vascular Endothelial Growth Factor Inhibitors (VEGF)** J0177 – Eylea HD J0178 – Eylea J0179 – Beovu J2777 – Vabysmo J2778 – Lucentis J2779 – Susvimo Q5124 – Byooviz Q5128 – Cimerli Q5147 – Pavblu **White Blood Cell Colony Stimulating Factors** J1442 – Neupogen

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
		J1447 – Granix J1449 – Rolvedon J2506 – Neulasta J9361 – Ryzneuta Q5108 – Fulphila Q5110 – Nivestym Q5111 - Udenyca Q5120 – Ziextenzo Q5122 – Nyvepria Q5125 – Releuko Q5127 – Stimufend Q5130 – Fylnetra Q5148 – Nypozi Q5101 - Zarxio To submit a prior authorization, use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at uhcprovider.com. After you sign in, select the Prior Authorization link. From the "Create a new authorization submission" section, select Specialty Pharmacy from the dropdown menu. Or, you can call 888-397-8129 **Unclassified and temporary codes*** J3490 J3590 C9399 C9305 * Kebilidi, Ranluspec, Rivfloza
Inpatient admissions: Acute inpatient rehabilitation (AIR)/ long-term acute care (LTAC)/skilled nursing facility (SNF)	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities Note: These plans are excluded from the skilled	naviHealth manages prior authorization for in-scope membership. Phone: 855-851-1127 Fax: 844-244-9482

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
	nursing facility prior authorization requirement: • UnitedHealthcare Assisted Living Plans (HMO-SNP), (HMO-POS SNP), (PPO-SNP) • UnitedHealthcare Nursing Home plan				
Non-emergency air transport Non-urgent ambulance transportation by air between specified location	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/ jaw functional impairment	Prior authorization required	21120 21125 21143 21150 21159 21194 21199 21240 21246	21121 21127 21145 21151 21160 21195 21206 21242 21247	21122 21141 21146 21154 21188 21196 21210 21244	21123 21142 21147 21155 21193 21198 21215 21245
Orthopedic – spine and joint surgeries	Prior authorization required	22100 22112 22210 22222 22548 22558 22610 22800 22810 22830 22855 22869 24360 24365 25446 27130 27138 27486 29838 29847 29891 29897 29915 63005 63016	22101 22114 22212 22224 22551 22590 22612 22802 22812 22849 22856 22899 24361 25441 27120 27132 27412 27487 29844 29866 29892 29898 29916 63011 63017	22102 22206 22214 22532 22554 22595 22630 22804 22818 22850 22861 23470 24362 25442 27122 27134 27446 29834 29845 29867 29894 29899 63001 63012 63020	22110 22207 22220 22533 22556 22600 22633 22808 22819 22852 22867 23472 24363 25444 27125 27137 27447 29837 29846 29868 29895 29914 63003 63015 63030

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		63040	63042	63045	63046
		63047	63050	63051	63055
		63056	63064	63075	63077
		63081	63085	63087	63090
		63101	63102	0200T	0201T
		J7330			
Out-of-network services A recommendation from a network physician or care provider to a hospital, physician or other care provider who isn't contracted with Preferred Care Network and/or Preferred Care Partners.	**Note:** Your agreement with Preferred Care Network or Preferred Care Partners may include restrictions on directing members outside of the network. Your patients who use out-of-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage. **Advance notification is required for Preferred Care Network and Preferred Care Partners members when:** A network physician or health care professional directs a member to an out-of-network facility, physician or other care provider and the member's benefit plan doesn't include benefits for out-of-network services. Or, you want to request in-network cost sharing or a benefit level because there are no available in-network care providers for the type of specialty services needed.				
Pain management	Prior authorization required	62350	62351	62360	62361
		62362			
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.				

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Potentially unproven services including experimental, investigational and/or linked services • Services including medications determined not to be effective for treatment of a medical condition • Services determined not to have a beneficial effect on health outcomes due to: – Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials Cohort studies in the prevailing published peer-reviewed medical literature	Prior authorization required	28890 64722 95966	33289 64744 C2624	36514 66180	64405 95965
Prostate procedures	Prior authorization required	52441	52442	55874	
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Radiation therapy	Prior authorization no longer required	IGRT 77387 Proton Beam Therapy (PBT) 77520 77522 77523 77525 Radiation Treatment Delivery 77402* 77407 77412 SRS/SBRT 77371 77372			

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		77373 G0339 G0340 Special/Associated Services 77331 77370 77399 77470 Y90 S2095 79445 *Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges: Applicable ICD10 codes for cancer types in scope for Hypofractionation: Bone Mets - ICD10: C79.51, C79.52 Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A Prostate - ICD10: C61 Applicable ICD10 codes for cancer types in scope for Conventional Fractionation: Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required Applies to inpatient or outpatient procedures and surgeries including, but not limited	21685 42145	41512	41530	41599

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
	to, palatopharyngoplasty – oral pharyngeal reconstructive surgery with laser-assisted uvulopalatoplasty (LAUP). Applies only for surgical sleep apnea procedures – **not** sleep studies.	
Spinal surgery	Prior authorization required	20930 20931 20939 22854 22858
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required 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.	**Bone growth stimulator** E0747 E0748 E0749 E0760 **Neurostimulator** 61850 61863 61864 61867 61868 61885 61886 63650 63655 63685 64555 64568 64590 L8682 L8683
Therapeutic Radiopharmaceuticals	Prior authorization required	A9513 A9590 A9606 A9607 A9615 A9699
Transplant of tissue or organs Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation	Prior authorization required Request for transplant or transplant-related services prior to pre-treatment or evaluation	For cellular and gene therapy services, including Abecma, Amtagvi, Breyanzi, Carvykti, Casgevy, Kymriah, Lantidra, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Waskyra, Yartemlea, Yescarta, Zevaskyn and Zynteglo please call the Optum Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card. **Bone marrow harvest** 38240 38241 38242 **Evaluation for transplant** 99205 **Heart** 33940 33944 33945 **Heart/lung** 33930 33935 **Intestine** 44132 44133 44135 44136 **Kidney** 50300 50320 50323 50340 50360 50365 50370 50547 **Liver** 47135 47143 47147 **Lung** 32850 32851 32852 32853 32854 32856 S2060 S2061 **Pancreas** 48551 48552 48554

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
		Services related to transplants 32855 33933 38208 38209 38210 38212 38213 38214 38215 38232* 44137 44715 44720 44721 47133 47140 47141 47142 47144 47145 47146 50325 S2152 **Cellular and gene therapy** 0537T 0538T 0539T 0540T C9098 J1289 J3386 J3387 J3389 J3391 J3392 J3393 J3394 J3402 J9999 Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 Q2057 Q2058 *Code 38232 will only require prior authorization for an oncology diagnosis **Unclassified codes**** C9399 J3490 J3590 **Lantidra
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required	37243 37799
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		Please call the Optum VAD Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card. 33975 33976 33979 33981 33982 33983 33927 33928 33929