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

Effective November 1, 2025

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 1 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 **2024 UnitedHealthcare Care Provider Administrative Guide** for commercial and Medicare Advantage plans including UnitedHealthcare West fee-for-service. The plans listed in the following table require prior authorization for in-network services.

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

WellMed plans — How to obtain prior authorization

Preferred Care Partners A UnitedHealthcare Company

PREFERRED CARE NETWORK A UnitedHealthcare Company

United Healthcare

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.
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 20975 20979
Breast reconstruction – Non-mastectomy Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19318 19325 L8600 **Notification or prior authorization is <u>not</u> 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 agent(s) administered in an	**<u>Anti-emetics that require prior authorization:</u>** **Akynzeo™ (palonosetron/fosnetupitant)** J1454 **Cinvanti® (aprepitant)**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cancer supportive care (cont.)	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.	J0185 **Emend® (fosaprepitant)** J1453 **Sustol® (granisetron extended release)** J1627 **Injectable colony-stimulating factor drugs that require prior authorization:** **Filgrastim (Neupogen®)** J1442* **Filgrastim-aafi (Nivestym®)** Q5110* **Filgrastim-sndz (Zarxio®)** Q5101 **Pegfilgrastim (Neulasta®)** J2506 **Pegfilgrastim-apgf (Nyvepria®)** Q5122* **Pegfilgrastim-cbqv (Udenyca®)** Q5111* **Pegfilgrastim-jmdb (Fulphila®)** Q5108* **Sargramostim (Leukine®)** J2820 **Tbo-filgrastim (Granix®)** J1447* **Trilaciclib (Cosela™)** J1448 **Bone-modifying agent that requires prior authorization:** **Denosumab (Prolia®, Xgeva®)** J0897 **Antiemetic drugs** J1456 **Colony-stimulating factors** J1449 **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**.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cardiology services	Prior authorization no longer required	
Cardiovascular	Prior authorization is required	**Cardiology** 93653 93656 **Vascular** 37220* 37221* 37224* 37225* 37226* 37227* 37228* 37229* 37230* 37231* *Prior authorization is not required for the following diagnosis codes: E08.52 E09.52 E10.52 E11.52 E13.52 I70.221 I70.222 I70.223 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 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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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 L8690	69930 L8691	L8614 L8692	L8619
Continuous Glucose Monitor	Prior authorization required	A4238	A4239	E2102	E2103
Cosmetic and reconstructive procedures 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	Prior authorization required Advance notification is required for inpatient or outpatient services.	11960 15822 15877 17107 21175 21182 21235 21256 21267 28344 30620 31298 67902 67908 67961	11971 15823 15878 17108 21179 21183 21248 21260 21268 30540 31295 31299 67903 67909 67966	15820 15830 15879 17999 21180 21184 21249 21261 21275 30545 31296 67900 67904 67912 Q2026	15821 15847 17106 21172 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,				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	please call the number on the member's health plan ID card.	
End-stage renal disease/ dialysis services Services for the treatment of end-stage renal disease (ESRD) require advance notification, which includes outpatient dialysis services.	Advance notification is required if a member is referred to an out-of-network 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 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	All requests for home health services should be directed to a health plan contracted vendor. For more information, please call the number on the	Q5001* Q5002* Q5009* *Applies to Alabama only.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
receiving services in Alabama and Georgia.	member's health plan ID card.	
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*	**Adakveo** J0791 **Aduhelm** J0172 **Adzynma** J7171 **Amvuttra** J0225 **Ashthma**** J2786 J2182 **Beqvez** J1414 **Bkemv** Q5152 **Botulinim toxins** J0585 J0586 J0587 J0588 J0589 **Bone density agents**** J3111 J0897 **Briumvi** J2329 **Colony-stimulating factors**** J1442 J1447 J1449 Q5108 Q5110 Q5120 Q5122 Q5125 Q5127 Q5130 **Cosentyx IV** J3247 **Crysvita** J0584 **Elevidys** J1413 **Encelto** J3403

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Enjaymo** J1302 **Entyvio** J3380 **Epysqli** Q5151 **Evkeeza** J1305 **Givlaari** J0223 **Hemgenix** J1411 **Hyaluronic acid polymers**** J7320 J7321 J7322 J7323 J7324 J7326 J7327 J7329 J7331 J7332 **Immune globulins (IVIG, SCIG)**** 90283 90284 J1459 J1551 J1552 J1554 J1555 J1556 J1557 J1558 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1576 J1599 **Infliximab**** J1745 **Intravenous iron products**** J1437 J1439 **Izervay** J2782 **Jubbonti** Q5136 **Kisunla** J0175 **Krystexxa**** J2507 **Leqembi** J0174 **Leqvio**** J1306 **Luxturna** J3398 **Qalsody** J1304

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Nexviazyme** J0219 **Niktimvo** J9038 **Nypozi** Q5148 **Ocrevus** J2350 **Ocrevus Zunovo** J2351 **Omvoh** J2267 **Onpattro** J0222 **Orencia** J0129 **Oxlumo** J0224 **Pavblu** Q5147 **PiaSky** J1307 **Radicava** J1301 **Reblozyl** J0896 **Rituximab**** J9311 J9312 Q5123 **Roctavian** J1412 **Ryplazim** J2998 **Rystiggo** J9333 **Saphnelo**** J0491 **Skyrizi** J2327 **Soliris** J1299 **Spevigo**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		J1747 **Spinraza** J2326 **Syfovre** J2781 **Tepezza** J3241 **Tezspire** J2356 **Therapeutic radiopharmaceuticals** A9513 A9590 A9606 A9607 A9699 **Tocilizumab**** J3262 **Tremfya IV** J1628 **Tzield** J9381 **Ultomiris** J1303 **Unclassified and temporary codes*** J3490 J3590 C9172 C9399 **Uplizna** J1823 **Vabysmo** J2777 **Vascular endothelial growth factor (VEGF) inhibitors**** J0177 J0178 J0179 J2777 J2778 J2779 Q5124 Q5128 **Vyepti**** J3032 **Vyjuvek** J3401 **Vyvgart** J9332 **Vyvgart Hytrulo** J9334 **Zolgensma** J3399 **Zymfentra** J1748

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		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 *Yimmugo **Drug is also included in the Part B Step Therapy Program
Inpatient addmissions	Notification required	
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 nursing facility prior authorization requirement: • UnitedHealthcare Assisted Living Plans (HMO-SNP), (HMO-POS SNP), (PPO-SNP) • UnitedHealthcare Nursing Home plan	naviHealth manages prior authorization for in-scope membership. **Phone: 855-851-1127** **Fax: 844-244-9482**
Non-emergency air transport Non-urgent ambulance transportation by air	Prior authorization required	A0430 A0431 A0435 A0436

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
between specified location					
Orthognathic surgery Treatment of maxillofacial/ jaw functional impairment	Prior authorization required	21120	21121	21122	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247		
Orthopedic – spine and joint surgeries	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22222	22224	22532	22533
		22548	22551	22554	22556
		22558	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22867
		22869	22899	23470	23472
		24360	24361	24362	24363
		24365	25441	25442	25444
		25446	25449	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27445
		27446	27447	27486	27487
		29834	29837	29838	29840
		29844	29845	29846	29847
		29866	29867	29868	29891
		29892	29894	29895	29897
		29898	29899	29914	29915
		29916	63001	63003	63005
		63011	63012	63015	63016
		63017	63020	63030	63040
		63042	63045	63046	63047
		63050	63051	63055	63056
		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
		63185	63190	63191	63197
		63200	0200T	0201T	J7330
Out-of-network services A recommendation from	**Note:** Your agreement with Preferred Care Network or Preferred Care Partners				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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.	may include restrictions on directing members outside of the network. Your patients who use out-of-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage. **Advance notification is required for Preferred Care Network and Preferred Care Partners members when:** A network physician or health care professional directs a member to an out-of-network facility, physician or other care provider and the member's benefit plan doesn't include benefits for out-of-network services. Or, you want to request in-network cost sharing or a benefit level because there are no available in-network care providers for the type of specialty services needed.				
Pain management	Prior authorization required	62350 62362	62351	62360	62361
Physical therapy/ occupational therapy Outpatient rehabilitation services provided by a physical therapist or an occupational therapist, whether provided at home or on an ambulatory basis	All requests for physical therapy and occupational therapy at home or on an ambulatory basis should be directed to a health plan contracted vendor. For more information, please call the number on the member's health plan ID card.				
Potentially unproven services including experimental, investigational and/or linked services • Services including medications determined not to be effective for treatment of a medical condition	Prior authorization required	28890 64722 95966	33289 64744 C2624	36514 66180	64405 95965

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
• Services determined not to have a beneficial effect on health outcomes due to: – Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials Cohort studies in the prevailing published peer-reviewed medical literature		
Prostate procedures	Prior authorization required	52441 52442 55874
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520 77522 77523 77525
Radiation therapy	Prior authorization no longer required	**Image guided radiation therapy (IGRT)** 77014 77387 G6001 G6002 G6017 **IMRT** 77014 77385 77386 77387 G6001 G6002 G6015 G6016 **Proton beam therapy (PBT)** 77520 77522 77523 77525 **Special/associated services** 77331 77370 77399 77470 **Standard radiation therapy (2D/3D)*** 77401 77402 77407 77412 G6003 G6004 G6005 G6006 G6007 G6008 G6009 G6010 G6011 G6012 G6013 G6014 **Stereotactic radiosurgery and stereotactic body radiation therapy (SRS/SBRT)** 77371 77372 77373 G0339 G6017 G0340 **Y90 (Implantable beta-emitting microspheres for treatment of malignant tumors)** 79445
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30410 30420 30430 30435 30450 30460 30462 30465

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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 to, palatopharyngoplasty – oral pharyngeal reconstructive surgery with laser-assisted uvulopalatoplasty (LAUP). Applies only for surgical sleep apnea procedures – **not** sleep studies.	21685 41512 41530 41599 42145
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
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®(idecaptagene icleucel),Amtagvi (lifiluecel), Breyanzi®(lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel) Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel),Lyfgenia™ (lovotibeglogene autotemcel), Ryoncil, Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel), Yescarta™ (axicabtagene ciloleucel) and Zynteglo™(betibeglogene autotemcel) 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Liver 47135 47143 47147 **Lung** 32850 32851 32852 32853 32854 32856 S2060 S2061 **Pancreas** 48551 48552 48554 **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 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