

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

Effective May 1, 2023

General information

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

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

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.
- **Phone:**
 - **Preferred Care Network:** Call 866-273-9444.
 - **Preferred Care Partners:** Call 800-995-0480.

Prior authorization is not required for emergency or urgent care.

Plans with referral requirements: If a member's health plan ID card says, "Referral Required," certain services may require a referral from the member's primary care provider **and** prior authorization obtained by the treating physician. You can find more information about the referral process in the 2023 UnitedHealthcare Administrative Guide for commercial and Medicare Advantage plans including UnitedHealthcare West fee-for-service at **UHCprovider.com** > Menu > Administrative Guides.

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

Included Plans

Preferred Care Network:

MedicareMax (HMO) – Groups: 77700, 77701, 98151, 98152

MedicareMax Chronic (HMO C-SNP) – Groups: 77707, 90215

MedicareMax Plus (HMO D-SNP) – Groups: 77702, 77703, 77704, 98153, 98154, 98155

Preferred Care Partners:

Preferred Choice Broward (HMO) – Groups 78601, 99791

Preferred Choice Dade (HMO) – Groups 78600, 99790

Preferred Choice Palm Beach (HMO) – Groups 78606, 99797

Preferred Medicare Assist Plan (HMO D-SNP) – Groups 78602, 78603, 78609, 99792, 99793, 99796

Preferred Medicare Assist Palm Beach (HMO D-SNP) – Groups 78607, 78608, 78610, 99798, 99799, 99800

Preferred Special Care Miami-Dade (HMO C-SNP) – Groups 78605, 99795

WellMed Plans – How to Obtain Prior Authorization

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

Preferred Care Network: MedicareMax (HMO) – Groups: 98151, 98152

MedicareMax Chronic (HMO C-SNP) – Groups: 90215

MedicareMax Plus (HMO D-SNP) – Groups: 98153, 98154, 98155

Preferred Care Partners: Preferred Choice Broward (HMO) – Group 99791; Preferred Choice Dade (HMO) – Group 99790; Preferred Choice Palm Beach (HMO) – Group 99797; Preferred Medicare

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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	11920	11921	11922	19316
		19318	19325	19328	19330
		19340	19342	19350	19357
		19361	19364	19367	19368
		19369	19370	19371	19380
		19396	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 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 below.	<u>Anti-emetics that require prior authorization:</u>			
		Akynzeo® (palonosetron/fosnetupitant)			
		J1454			
		Cinvanti™ (aprepitant)			
		J0185			
		Emend® (fosaprepitant)			
		J1453	-	-	-
		Sustol® (granisetron extended release)			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer Supportive Care (continued)		J1627
		<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>
		Filgrastim (Neupogen®)
		J1442*
		Filgrastim-aafi (Nivestym™)
		Q5110*
		Filgrastim-sndz (Zarxio®)
		Q5101
		Pegfilgrastim (Neulasta®)
		J2506
		Pegfilgrastim-apgf (Nyvepria™)
		Q5122*
		Pegfilgrastim-bmez (Ziextenzo®)
		Q5120
		Pegfilgrastim-cbqv (UDENYCA™)
		Q5111*
		Pegfilgrastim-jmdb (Fulphila™)
		Q5108*
		Sargramostim (Leukine®)
		J2820
	Tbo-filgrastim (Granix®)	
	J1447*	
	Trilaciclib (Cosela™)	
	J1448	
	<u>Bone-modifying agent that requires prior authorization:</u>	
	Denosumab (Prolia®, Xgeva®)	
	J0897	
	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 UProvider Portal dashboard. Or, call 888-397-8129 .	

Cardiology services Prior authorization no longer required

Cardiovascular Prior authorization is required

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

*Prior authorization is not required for the following diagnosis codes:

E08.52	E09.52	E10.52	E11.52
E13.52	I70.221	I70.222	I70.223
I70.228	I70.229	I70.231	I70.232
I70.233	I70.234	I70.235	I70.238

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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: <ul style="list-style-type: none"> 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 Healthcare Common Procedure Coding System (HCPCS) code <p>For notification, 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.</p>			
Cochlear implants and other auditory implants	Prior authorization required	69714	69930	L8614	L8619
A medical device, including those with a surgically implanted portion, within the inner ear and with an external portion to help persons with profound sensorineural deafness to achieve conversational speech		L8690	L8691	L8692	
Cosmetic and reconstructive procedures	Prior authorization required	11960	11971	15820	15821
Cosmetic procedures that change or improve physical appearance, without	Advance notification is required for inpatient or outpatient services.	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			
significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21248	21249	21255
		21256	21260	21261	21263
		21267	21268	21275	21299
		21740	21742	21743	28344
		30540	30545	30560	30620
		31295	31296	31297	31298
		31299	67900	67901	67902
		67903	67904	67906	67908
		67909	67912	67950	67961
	67966	Q2026			

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

End-stage renal disease/dialysis services
Services for the treatment of end-stage renal disease (ESRD) require advance notification, which includes outpatient dialysis services

Advance notification is required if a member is referred to an out-of-network provider for dialysis services. Using an in-network dialysis center can help our members avoid high-cost shares, even when they may have out-of-network benefits.

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		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*	Q5002*	Q5009*	
		*applies to Alabama only			
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	58275	58280	58290
		58291	58292	58294	
Injectable medications	Prior authorization required*	Aduhelm™ J0172 Amvuttra™ Botulinim Toxins J0585 J0586 J0587 J0588 Crysvita® J0584 Entyvio™ J3380 Evkeeza™ J1305 Fynetra® Q5130 Hemgenix® J1411 Immune Globulins (IVIG, SCIG) 90283 90284 J1459 J1551 J1554 J1555 J1556 J1557 J1558 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 Injectable Medications – Unclassified** C9399 J3490 J3590 Korsuva®** J0879 Krystexxa J2507			

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

Leqvio®
J1306
Luxturna™
J3398
Nexviazyme®
J0219
Ocrevus™
J2350
Onpattro™
J0222
Orencia™
J0129
Oxlumo™
J0224
Prolia
J0897
Radicava®
J1301
Reblozyl®
J0896
Releuko®
Q5125
Rolvedon®
J1449
Ryplazim™
J2998
Saphnelo™
J0491
Scenesse®
J7352
Skyrizi®
J2327
Soliris®
J1300
Spevigo®
J1747
Spinraza™
J2326
Stimufend®
Q5127
Tepezza®
J3241
Tezspire™
J2356

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

Therapeutic Radiopharmaceuticals*

A9513	A9590	A9606	A9699
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Ultomiris™

J1303

Uplizna®

J1823

Vyvgart™

J9332

Zolgensma®

J3399

*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**.

** For unclassified and temporary codes, C9399, J3490 and J3590 prior authorization is only required for Skysona and Zytleglo

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

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

Inpatient admissions	Notification required	
Inpatient admissions: Acute inpatient rehabilitation (AIR)/ long-term acute care	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:	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			
(LTAC)/skilled nursing facility (SNF)	<ul style="list-style-type: none"> Acute care hospitals Acute inpatient rehabilitation Critical access hospitals Long-term acute care hospitals Skilled nursing facilities <p>Note: These plans are excluded from the skilled nursing facility prior authorization requirement:</p> <ul style="list-style-type: none"> UnitedHealthcare Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP) UnitedHealthcare Nursing Home 				
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	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	22864
		22865	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	27700	29834

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthopedic (cont.)		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	
	Orthotics	Prior authorization is required for orthotics with a retail purchase or a cumulative rental cost of more than \$1,000.	L0112	L0140	L0150
L0200			L0220	L0452	L0462
L0464			L0466	L0468	L0480
L0482			L0484	L0486	L0622
L0623			L0624	L0629	L0631
L0632			L0634	L0636	L0638
L0700			L0710	L0810	L0820
L0830			L0859	L0999	L1000
L1001			L1005	L1200	L1300
L1310			L1499	L1630	L1640
L1680			L1685	L1700	L1710
L1720			L1730	L1755	L1834
L1844			L1904	L1920	L2000
L2005			L2010	L2020	L2030
L2034			L2036	L2037	L2038
L2040			L2050	L2060	L2070
L2080			L2090	L2126	L2136
L2232			L2320	L2387	L2520
L2525			L2526	L2627	L2628
L2800			L2861	L3160	L3201
L3202			L3203	L3204	L3206
L3207			L3208	L3209	L3211
L3212			L3213	L3214	L3215
L3250			L3251	L3252	L3253
L3254			L3255	L3257	L3265
L3320			L3485	L3649	L3674
L3720			L3764	L3765	L3766
L3891	L3900	L3901	L3904		
L3921	L3956	L3961	L3967		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		L3971	L3973	L3975	L3976
		L3977	L3978	L4000	L4030
		L4040	L4045	L4050	L4055
		L4631			
Out-of-network services A recommendation from a network physician or health care provider to a hospital, physician or other health care provider who isn't contracted with Preferred Care Network and/or Preferred Care Partners.	Note: Your agreement with Preferred Care Network or Preferred Care Partners may include restrictions on directing members outside of the network. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage. <u>Advance notification is required for Preferred Care Network and Preferred Care Partners members when:</u> A network physician or health care professional directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan doesn't include benefits for out-of-network services. Or, you want to request in-network cost sharing or a benefit level because there are no available in-network care providers for the type of specialty services needed.				
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 and investigational (and/or linked services) Services, including medications, determined not to be effective for treatment of a medical condition	Prior authorization required	28890 64744	36514 66180	64405 95965	64722 95966

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:					
<ul style="list-style-type: none"> 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	
Prosthetics	Prior authorization required for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000.	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5700
		L5701	L5702	L5703	L5707
		L5724	L5726	L5728	L5780
		L5781	L5782	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5930	L5960	L5961	L5966
		L5968	L5973	L5979	L5980
		L5981	L5987	L5988	L5990
		L6000	L6010	L6020	L6026
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6380
		L6382	L6384	L6400	L6450
		L6500	L6550	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6624	L6638
		L6646	L6648	L6693	L6696
		L6697	L6707	L6709	L6712
		L6713	L6714	L6715	L6721
		L6722	L6880	L6881	L6882
		L6883	L6884	L6885	L6895

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (cont.)		L6900	L6905	L6910	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7499
		L8035	L8039	L8041	L8042
		L8043	L8044	L8049	L8499
		L8505	L8604	L8609	L8699
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
Radiology services	Prior authorization no longer required				
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Site of service (SOS) – Outpatient hospital	Prior authorization is only required when requesting service in an outpatient hospital setting	Breast Lesion/Cyst/Tumor Removal			
		19125			
	Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC)	Carpal Tunnel Surgery			
		29848			
		Colonoscopy and Biopsy			
		44388	44389	44391	44408
		45330	45378	45379	45380
		45381	45382	45384	45385
		45386	45388	45389	45390
		45393	G0105	G0121	
		Corneal Transplant			
		65756			
		Cystoscopy			
		52000	52001	52005	52007
		52204	52214		
		Deviated Septum Repair			
		30520			
		Eye Surgery			
		0191T	65855	66183	66982
		66984	67036	67040	67041
		67042	67108	67113	67145
	67210	67228	67917		
	Fractured Arm				
	23615	23630	24515	24516	
	24665	24666	25545	25605	
	25606	25607	25608	25609	
	Glaucoma Procedures				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Site of service (SOS) – Outpatient hospital (continued)		65820	66170	
		Hernia Repair		
		49505	49521	49525 49550
		49553	49570	49572 49585
		49587	49650	49651 49652
		49653	49654	49655 49656
		Knee Arthroscopy		
		29870	29874	29875 29876
		29877	29879	29880 29881
		29888		
		Other Bladder Surgeries		
		51720	51728	51729 52287
		52300	52310	52315 52330
		52332	52341	52344 52351
		52354	52356	53445
		Other Female Genital Surgeries		
		57240	57260	57288 58558
		Other Foot/Toe Surgeries		
		28120	28285	28288 28291
		28296		
		Other Male Genital Surgeries		
		55040		
		Other Nervous System Surgeries		
		64718	64721	
		Other Prostate Surgeries		
		52630	55700	
		Other Therapeutic Procedures of the Muscle/Tendon		
		23430	26055	26123
		Other Urethra Surgeries		
		52275	52276	52281 52282
		52285		
		Pain Management		
		62270	62321	62322 62323
		64418	64483	64490 64493
		64510	64633	64635
		Percutaneous Vertebral Augmentation		
		22514		
		Removal of Bladder Tumors		
		52224	52234	52235
		Removal of Kidney Stones		
	50590			
	Shoulder Arthroscopy			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (continued)		29823	29824	29827	29828
		Skin Graft			
		14040	14060	14301	15100
		15120	15220	15240	15260
		Treatment/Removal of Bladder Stones			
		52320	52325	52352	52353
		Upper GI Endoscopy - Esophagus / Stomach / Small Intestine			
		43235	43236	43237	43238
		43239	43240	43241	43242
		43245	43247	43248	43249
		43250	43251	43253	43254
		43255	43259		
	Sleep apnea procedures and surgeries	Prior authorization required	21685	41512	41530
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery with laser-assisted uvulopalatoplasty (LAUP). Applies only for surgical sleep apnea procedures – not sleep studies.	42145			
Spinal Surgery	Prior authorization required	20930	20931	20939	22854
		22858			
Stimulators	Prior authorization required	Bone Growth Stimulator			
Implantation of a device that sends electrical impulses	All requests for devices should be directed to a health plan contracted vendor. For more information, please call the number on the member's health plan ID card.	E0747	E0748	E0749	E0760
		Neurostimulator			
		61850	61863	61864	61867
		61868	61885	61886	63650
		63655	63685	64555	64568
		64590	L8682	L8683	
Therapeutic radiology services	Prior authorization no longer required				
Transplant of tissue or organs	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi®, Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the Optum Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation	Request for transplant or transplant-related services prior to pre-treatment or evaluation				
		Bone Marrow Harvest			
		38240	38241	38242	
		Evaluation for Transplant			
		99205			
		Heart			
		33940	33944	33945	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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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

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

CAR-T Cell Therapy

0537T 0538T 0539T 0540T
C9098 J9999 Q2041 Q2042
Q2053 Q2054 Q2055 Q2056

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

Vein procedures	Prior authorization required	37243	37700	37718	37722
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		37780	37799		

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

