

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

Effective April 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](https://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](https://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
<b>Preferred Care Network:</b> <ul style="list-style-type: none"><li>• MedicareMax (HMO) – Groups: 77700, 77701, 98151, 98152</li><li>• MedicareMax Chronic (HMO C-SNP) – Groups: 77707, 90215</li><li>• MedicareMax Plus (HMO D-SNP) – Groups: 77702, 77703, 77704, 98153, 98154, 98155</li></ul>
<b>Preferred Care Partners:</b> <ul style="list-style-type: none"><li>• Preferred Choice Broward (HMO) – Groups 78601, 99791</li><li>• Preferred Choice Dade (HMO) – Groups 78600, 99790</li><li>• Preferred Choice Palm Beach (HMO) – Groups 78606, 99797</li><li>• Preferred Medicare Assist Plan (HMO D-SNP) – Groups 78602, 78603, 78609, 99792, 99793, 99796</li><li>• Preferred Medicare Assist Palm Beach (HMO D-SNP) – Groups 78607, 78608, 78610, 99798, 99799, 99800</li><li>• Preferred Special Care Miami-Dade (HMO C-SNP) – Groups 78605, 99795</li></ul>

WellMed plans — How to obtain prior authorization
Prior authorization requests for the following groups can be submitted on the WellMed provider portal at <a href="https://eprg.wellmed.net">eprg.wellmed.net</a> or by calling 877-299-7213, 8 a.m.–5 p.m., ET, Monday–Friday.
<ul style="list-style-type: none"><li>• Preferred Care Network: MedicareMax (HMO) – Groups: 98151, 98152</li><li>• MedicareMax Chronic (HMO C-SNP) – Groups: 90215</li><li>• MedicareMax Plus (HMO D-SNP) – Groups: 98153, 98154, 98155</li></ul> <b>Preferred Care Partners:</b> <ul style="list-style-type: none"><li>• Preferred Choice Broward (HMO) – Group 99791</li><li>• Preferred Choice Dade (HMO) – Group 99790</li><li>• Preferred Choice Palm Beach (HMO) – Group 99797</li><li>• Preferred Medicare Assist Plan 1 (HMO D-SNP) – Groups: 99792, 99793, 99796</li><li>• Preferred Medicare Assist Plan 2 (HMO D-SNP) – Groups: 90030, 90061</li></ul>

- 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			
<b>Behavioral health services</b>	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.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
<b>Breast reconstruction – Non-mastectomy</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19325	L8600
		<b>Notification or prior authorization is <u>not</u> required for the following diagnosis codes:</b>			
		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			
<b>Cancer supportive care</b>	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.	<b><u>Anti-emetics that require prior authorization:</u></b>			
		<b>Akynzeo™ (palonosetron/fosnetupitant)</b>			
		J1454			
		<b>Cinvanti® (aprepitant)</b>			
		J0185			
		<b>Emend® (fosaprepitant)</b>			
		J1453	-	-	-
		<b>SustoI® (granisetron extended release)</b>			
		J1627			
		<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>			
		<b>Filgrastim (Neupogen®)</b>			
		J1442*			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Cancer supportive care (cont.)</b>		<b>Filgrastim-aafi (Nivestym®)</b> Q5110*
		<b>Filgrastim-sndz (Zarxio®)</b> Q5101
		<b>Pegfilgrastim (Neulasta®)</b> J2506
		<b>Pegfilgrastim-appgf (Nyvepria®)</b> Q5122*
		<b>Pegfilgrastim-cbqv (Udenyca®)</b> Q5111*
		<b>Pegfilgrastim-jmdb (Fulphila®)</b> Q5108*
		<b>Sargramostim (Leukine®)</b> J2820
		<b>Tbo-filgrastim (Granix®)</b> J1447*
		<b>Trilaciclib (Cosela™)</b> J1448
		<b><u>Bone-modifying agent that requires prior authorization:</u></b>
		<b>Denosumab (Prolia®, Xgeva®)</b> J0897
		<b><u>Antiemetic drugs</u></b> J1456
		<b><u>Colony-stimulating factors</u></b> J1449
		<b><u>Erythropoiesis-stimulating agents</u></b> 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 <b>UHCprovider.com</b> . Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>888-397-8129</b> .

**Cardiology services** Prior authorization no longer required

**Cardiovascular** Prior authorization is required

		<b>Cardiology</b>	
		<b>Vascular</b>	
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
I70.239	I70.241	I70.242	I70.243

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		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
		M86.261	M86.262	M86.269	M86.271

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		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				
<b>Cartilage implants</b>	Prior authorization required	27415	27416		
<b>Chemotherapy services</b>	Notification required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require notification:</b> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code</li> </ul> <p>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 <a href="https://UHCprovider.com">UHCprovider.com</a>. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>888-397-8129</b>.</p>			
<b>Cochlear implants and other auditory implants</b>	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		L8690	L8691	L8692	
<b>Cosmetic and reconstructive procedures (cont.)</b>	Prior authorization required	11960	11971	15820	15821
achieve conversational speech	Advance notification is required for inpatient or outpatient services.	15822	15823	15830	15847
		15877	15878	15879	17106
		17107	17108	17999	21172
		21175	21179	21180	21181
Cosmetic procedures that change or improve physical		21182	21183	21184	21230

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
appearance, without significantly improving or restoring physiological function		21235	21248	21249	21255	
		21256	21260	21261	21263	
		21267	21268	21275	21299	
		21740	21742	21743	28344	
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Gender dysphoria treatment (cont.)</b>		57106	57110	57291	57292
		57295	57296	57335	57426
		58661	58720	58940	64856
		64892	64896	92507	92508
<b>Home health care services</b> 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.			
<b>Hysterectomy (abdominal and laparoscopic surgeries) – Inpatient and outpatient procedures</b>	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Hysterectomy (vaginal) – Inpatient only</b>	No prior is authorization required for outpatient vaginal hysterectomies.	58260	58262	58263	58267
		58270	58290	58291	58292
		58294			
<b>Injectable medications</b>	Prior authorization required*	<b>Adakveo</b>			
		J0791			
		<b>Aduhelm</b>			
		J0172			
		<b>Adzynma</b>			
		J7171			
		<b>Amvuttra</b>			
		J0225			
		<b>Asthma**</b>			
		J2786		J2182	
		<b>Botulinim toxins</b>			
		J0585	J0586	J0587	J0588
		J0589			
		<b>Bone density agents**</b>			
		J3111		J0897	
		<b>Briumvi</b>			
		J2329			
		<b>Colony-stimulating factors**</b>			
		J1442	J1447	J1449	Q5108
		Q5110	Q5120	Q5122	Q5125
Q5127	Q5130				
<b>Cosentyx IV</b>					
J3247					
<b>Crysvita</b>					
J0584					
<b>Elevidys</b>					
J1413					
<b>Enjaymo</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J1302			
	<b>Entyvio</b>				
		J3380			
	<b>Evkeeza</b>				
		J1305			
	<b>Givlaari</b>				
		J0223			
	<b>Hemgenix</b>				
		J1411			
	<b>Hyaluronic acid polymers**</b>				
		J7320	J7321	J7322	J7323
		J7324	J7326	J7327	J7329
		J7331	J7332		
	<b>Immune globulins (IVIG, SCIG)**</b>				
		90283	90284	J1459	J1551
		J1552	J1554	J1555	J1556
		J1557	J1558	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575	J1576	J1599	
	<b>Infliximab**</b>				
		J1745			
	<b>Intravenous iron products**</b>				
		J1437	J1439		
	<b>Izervay</b>				
		J2782			
	<b>Jubbonti Wyost</b>				
		Q5136			
	<b>Kisunla</b>				
		J0175			
	<b>Krystexxa**</b>				
		J2507			
	<b>Leqembi</b>				
	J0174				
<b>Leqvio**</b>					
	J1306				
<b>Luxturna</b>					
	J3398				
<b>Qalsody</b>					
	J1304				
<b>Niktimvo</b>					
	J9038				
<b>Ocrevus</b>					
	J2350				
<b>Ocrevus Zunovo</b>					
	J2351				



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	<b>Omvo</b>				
	J2267				
	<b>Onpattro</b>				
	J0222				
	<b>Orencia</b>				
	J0129				
	<b>Oxlumo</b>				
	J0224				
	<b>Pavblu</b>				
	Q5147				
	<b>PiaSky</b>				
	J1307				
	<b>Radicava</b>				
	J1301				
	<b>Reblozyl</b>				
	J0896				
	<b>Rituximab**</b>				
	J9311	J9312		Q5123	
	<b>Roctavian</b>				
	J1412				
	<b>Ryplazim</b>				
	J2998				
	<b>Rystiggo</b>				
	J9333				
	<b>Saphnelo**</b>				
	J0491				
	<b>Skyrizi</b>				
	J2327				
	<b>Soliris</b>				
	J1299				
	<b>Spevigo</b>				
	J1747				
	<b>Spinraza</b>				
J2326					
<b>Syfovre</b>					
J2781					
<b>Tepezza</b>					
J3241					
<b>Tezspire</b>					
J2356					
<b>Therapeutic radiopharmaceuticals</b>					
A9513	A9590	A9606	A9607		
A9699					
<b>Tocilizumab**</b>					
J3262					

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

J1628

**Tzield**

J9381

**Unclassified and temporary codes\***

J3490	J3590	C9172	C9399
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**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

**To submit a prior authorization, use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at [uhcprovider.com](http://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**

\*Beqvez, Yimmugo

\*\*Drug is also included in the Part B Step Therapy Program

<b>Inpatient admissions</b>	Notification required	
<b>Inpatient admissions: Acute inpatient rehabilitation (AIR)/ long-term acute care (LTAC)/skilled nursing facility (SNF)</b>	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul> <p><b>Note:</b> These plans are excluded from the skilled nursing facility prior authorization requirement:</p> <ul style="list-style-type: none"> <li>• UnitedHealthcare Assisted Living Plans (HMO-SNP),</li> </ul>	<p>naviHealth manages prior authorization for in-scope membership.  <b>Phone: 855-851-1127</b>  <b>Fax: 844-244-9482</b></p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	(HMO-POS SNP), (PPO-SNP) • UnitedHealthcare Nursing Home plan				
<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified location	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> 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		
<b>Orthopedic – spine and joint surgeries</b>	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
		27700	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		63197 J7330	63200	0200T	0201T
<b>Orthotics</b>	Prior authorization is required for orthotics with a retail purchase or a cumulative rental cost of more than \$1,000.				
<b>Out-of-network services</b> 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.	<p><b>Note:</b> 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.</p> <p><b><u>Advance notification is required for Preferred Care Network and Preferred Care Partners members when:</u></b></p> <p>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.</p> <p>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.</p>				
<b>Pain management</b>	Prior authorization required	62350 62362	62351	62360	62361
<b>Physical therapy/ occupational therapy</b> Outpatient rehabilitation services provided by a physical therapist or an occupational therapist, whether provided at home or on an ambulatory basis Potentially unproven services including experimental, investigational and/or linked services	<p>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.</p> <p>Prior authorization required</p>	28890 64744	36514 66180	64405 95965	64722 95966
<ul style="list-style-type: none"> <li>Services including medications determined not to be</li> </ul>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<p>effective for treatment of a medical condition</p> <ul style="list-style-type: none"> <li>Services determined not to have a beneficial effect on health outcomes due to: <ul style="list-style-type: none"> <li>Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials</li> </ul> </li> </ul> <p>Cohort studies in the prevailing published peer-reviewed medical literature</p> <p>Potentially unproven services including experimental, investigational</p>					
<b>Prostate procedures</b>	Prior authorization required	52441	52442	55874	
<b>Prosthetics</b>	Prior authorization required for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000				
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Radiation therapy</b>	Prior authorization no longer required	<b>Image guided radiation therapy (IGRT)</b> 77014      77387      G6001      G6002 G6017 <b>IMRT</b> 77014      77387      G6001      G6002 <b>Proton beam therapy (PBT)</b> 77520      77522      77523      77525 <b>Prostate spacer</b> 55874 <b>Special/associated services</b> 77331      77370      77399      77470 <b>Standard radiation therapy (2D/3D)*</b> 77401      77402      77407      77412 G6003      G6004      G6005      G6006 G6007      G6008      G6009      G6010 G6011      G6012      G6013      G6014 <b>Stereotactic radiosurgery and stereotactic body radiation therapy (SRS/SBRT)</b> 77371      77372      77373      G0339			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		G6017			
		<b>Y90 (Implantable beta-emitting microspheres for treatment of malignant tumors)</b>			
		79445			
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sleep apnea procedures and surgeries</b> 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 – <b>not</b> sleep studies.	21685 42145	41512	41530	41599
<b>Spinal surgery</b>	Prior authorization required	20930 22858	20931	20939	22854
<b>Stimulators</b>  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.	<b>Bone growth stimulator</b> E0747  <b>Neurostimulator</b> 61850 61868 63655 64590	E0748  61863 61885 63685 L8682	E0749  61864 61886 64555 L8683	E0760  61867 63650 64568
<b>Therapeutic radiology services</b>	Prior authorization no longer required				
<b>Transplant of tissue or organs</b> 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®(idecaptogene iclucel),Amtagvi (lifilucel), Breyanzi®(lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel) Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel),Lyfgenia™ (lovotibeglogene autotemcel), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel), Tecelra, Yescarta™ (axicabtagene ciloleucel) and Zynteglo™(betibeglogene autotemcel) please call the Optum Transplant Case Management team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		<b>Bone marrow harvest</b> 38240                      38241                      38242			
		<b>Evaluation for transplant</b> 99205			
		<b>Heart</b> 33940                      33944                      33945			
		<b>Heart/lung</b> 33930                      33935			
		<b>Intestine</b> 44132                      44133                      44135                      44136			
		<b>Kidney</b>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		50300	50320	50323	50340
		50360	50365	50370	50547
		<b>Liver</b>			
		47135	47143	47147	
		<b>Lung</b>			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		<b>Pancreas</b>			
		48551	48552	48554	
		<b>Services related to transplants</b>			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232*	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		<b>Cellular and gene therapy</b>			
		0537T	0538T	0539T	0540T
		C9098	J3393	J3394	J9999
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056	Q2057	
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		<b>Unclassified codes**</b>			
		C9301	C9399	J3490	J3590
		**Aucatzyl, Casgevy, Lantidra, Lenmeldy			
<b>Vein procedures</b>	Prior authorization required	37243	37799		
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					
<b>Ventricular assist devices (VAD)</b>		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.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33975	33976	33979	33981
		33982	33983	33927	33928
		33929			

