

Prior Authorization Requirements for Florida

Effective May 1, 2019

General Information

This list contains prior authorization requirements for inpatient and outpatient services for care providers who participate with UnitedHealthcare Community Plan in Florida. To request prior authorization, please submit your request online, or by phone.

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.
- **Phone: 877-842-3210**

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Acupuncture	Prior authorization required	97810	97811	97813	97814
Bariatric surgery	Prior authorization required	0312T	0313T	0314T	0315T
Bariatric surgery and specific obesity-related services		0316T	0317T	43644	43645
		43648	43659	43770	43775
		43842	43845	43846	43847
		43848	43860	43881	43882
		64590	95980	95981	95982
Behavioral health services	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For specific mental health and substance abuse/substance use services codes that require prior authorization, please call the number on the member's health plan ID card.			
Bone growth stimulator	Prior authorization required	20975	20979	E0747	E0748
Electronic stimulation or ultrasound to heal fractures		E0749	E0760		
Breast pump, electric	Prior authorization required	E0604			
Breast reconstruction (non-mastectomy)	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
Reconstruction of the breast except when following mastectomy		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Filgrastim (Neupogen®) J1442 Filgrastim-aafi (Nivestym™) Q5110 Filgrastim-sndz (Zarxio®)			

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Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Cancer supportive care (cont'd)		Q5101			
		Pegfilgrastim (Neulasta[®])			
		J2505			
		Pegfilgrastim-jmdb (Fulphila[™])			
		Q5108			
		Sargramostim (Leukine[®])			
		J2820			
		Tbo-filgrastim (Granix[®])			
		J1447			
		<u>Bone-modifying agents that require prior authorization:</u>			
		Denosumab (Xgeva[®])			
		J0897			
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. To access the tool, go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129 .			
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization:			
		<ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) • 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 			
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. To access the tool, go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129 .			
Chiropractic	Prior authorization required	98940	98941	98942	98943
Circumcision	<u>For Florida MMA only:</u> Prior authorization required for patients ages 12 weeks and older	54161			
Cochlear implants and other auditory implants	Prior authorization required	69710	69714	69715	69718
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech		69930	L8614	L8619	L8690
		L8691	L8692		
Cosmetic and reconstructive	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive (cont'd) 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		15877	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21275
		21280	21282	21295	21740
		21742	21743	28344	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		
	Durable medical equipment (DME):	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	A9900
E0270			E0300	E0328	E0329
E0445			E0457	E0460	E0465
E0466			E0470	E0471	E0483
Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .		E0486	E0620	E0652	E0675
		E0693	E0694	E0745	E0762
		E0764	E0766	E0784	E0984
Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .		E0986	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
		E1010	E1030	E1035	E1036
		E1130	E1161	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1399	E1825
		E2227	E2228	E2310	E2311
		E2322	E2325	E2327	E2329
		E2351	E2373	E2510	E2511
		E2512	E2599	E2626	E2627
		E2628	E2629	E2630	K0005
		K0008	K0013	K0108	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856
		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864
S1040	T1999	T5999	V2786		
V5269	V5270	V5271	V5272		
V5281	V5282	V5283	V5286		
V5287	V5288	V5290			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9998			
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	55866	61863
		61864	61867	61868	61886
		64555	64722	65765	65767
		66180	0085T	0191T	A4638

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Experimental and investigational (and/or linked services) (cont'd)		A6000	A9274	E0231	E1831	
		S0810	S1030	S1031	S9988	
		S9990	S9991			
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255	
		31256	31257	31259	31267	
		31276	31287	31288		
Genetic and molecular testing to include BRCA genetic test	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108	
		81109	81110	81111	81120	
		81121	81161	81162	81163	
	Care providers requesting laboratory testing need to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81164	81165	81166	81167	
		81170	81171	81172	81173	
		81174	81175	81176	81177	
		81178	81179	81180	81181	
		81182	81183	81184	81185	
		81186	81187	81188	81189	
		81190	81200	81201	81202	
		81203	81204	81205	81206	
		Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81207	81208	81209	81210
			81212	81215	81216	81217
			81218	81219	81220	81221
			81222	81223	81224	81225
			81226	81227	81228	81229
			81230	81231	81232	81233
			81234	81235	81236	81237
			81238	81239	81240	81241
			81242	81243	81244	81245
	81246		81247	81248	81249	
	81250		81251	81252	81253	
	81254		81255	81256	81257	
	81258		81259	81260	81261	
	81262		81263	81264	81265	
	81266		81267	81268	81269	
	81270	81271	81272	81273		
	81274	81275	81276	81283		
	81284	81285	81286	81287		
	81288	81289	81290	81291		
	81292	81293	81294	81295		
	81296	81297	81298	81299		
81300	81301	81302	81303			
81304	81305	81306	81310			
81311	81312	81313	81314			
81315	81316	81317	81318			
81319	81320	81321	81322			
81323	81324	81325	81326			
81327	81328	81329	81330			
81331	81332	81333	81334			
81335	81336	81337	81340			
81341	81342	81343	81344			
81345	81346	81350	81355			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization				
Genetic and molecular testing to include BRCA genetic testing (cont'd)		81361	81362	81363	81364	
		81370	81371	81372	81373	
		81374	81375	81376	81377	
		81378	81379	81380	81381	
		81382	81383	81400	81401	
		81402	81403	81404	81405	
		81406	81407	81408	81410	
		81411	81412	81413	81414	
		81415	81416	81417	81420	
		81425	81426	81427	81430	
		81431	81432	81433	81434	
		81435	81436	81437	81438	
		81439	81440	81442	81443	
		81445	81448	81450	81455	
		81460	81465	81470	81471	
		81479	81507	81518	81519	
		81520	81521	81545	81595	
		81599	0001U	0004M	0011M	
		0012M	0012U	0013M	0013U	
		0014U	0016U	0017U	0018U	
		0019U	0022U	0023U	0026U	
		0027U	0029U	0030U	0031U	
		0032U	0033U	0034U	0036U	
		0037U	0040U	0045U	0046U	
		0047U	0048U	0049U	0050U	
		0055U	0056U	0057U	0060U	
		0069U	0070U	0071U	0072U	
		0073U	0074U	0075U	0076U	
		0078U	S3870			
	Home health care	Prior authorization required only in outpatient settings, to include member's home	99504	S9122	S9123	S9124
			T1021	T1030	T1031	
	Injectable medications	Prior authorization required	Actemra[®]			
			J3262			
Acthar[®]						
J0800						
Botulinum toxins						
J0585			J0586	J0587	J0588	
Brineura[™]						
J0567						
Cerezyme[®]						
J1786						
Cinqair[®]						
J2786						
Crysvita[®]						
J0584						
Ellyso[®]						
J3060						

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)	Entyvio[®]				
	J3380				
	Exondys 51[™]				
	J1428				
	Fasenra[™]				
	J0517				
	Ilaris[®]				
	J0638				
	Ilumya[™]				
	J3245				
	Inflectra[®]				
	Q5103				
	IVIG				
	90283	90284	J1459	J1555	
	J1556	J1557	J1559	J1561	
	J1566	J1568	J1569	J1572	
	J1575	J1599			
	Lemtrada[®]				
	J0202				
	Luxturna[™]				
	J3398				
	Makena[®]				
	J1726	J1729	J2675		
	Nucala[®]				
	J2182				
	Ocrevus[™]				
	J2350				
	Onpattro[™]				
	C9036	J3490**	J3590**		
	Orencia[®]				
	J0129				
	Parsabiv[™]				
J0606					
Probuphine[®]					
J0570					
Radicava[®]					
J1301					
Remicade[®]					
J1745					
Renflexis[®]					
Q5104					
Simponi Aria[®]					
J1602					
Soliris[®]					
J1300					
Spinraza[™]					

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		J2326			
		Sublocade™			
		Q9991	Q9992		
		Synagis®*			
		90378			
		Therapeutic radiopharmaceuticals			
		A9513	A9606	A9699	
		Trogarzo™			
		J1746			
		Unclassified codes**			
		C9399	J3490	J3590	
		Xolair®			
		J2357			
		Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.			
		* Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826 .			
	** For Unclassified codes C9399, J3490 and J3590, prior authorization is required for Onpatro™.				
	For dates of service 04/1/2019 and after: Gamifant® will also require prior authorization.				
Joint replacement	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112
Massage therapy	Prior authorization required	97010	97112	97124	97140
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics:	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0170	L0456	L0458	L0460
		L0462	L0464	L0470	L0480
		L0482	L0484	L0486	L0488
		L0491	L0624	L0629	L0631
		L0700	L0710	L0810	L0820
		L0830	L0859	L1000	L1005
		L1200	L1300	L1310	L1499
		L1680	L1685	L1686	L1690
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1843	L1844	L1845
		L1846	L1847	L1850	L1860
		L1932	L1945	L1950	L1951
		L1970	L2000	L2005	L2010
		L2020	L2030	L2034	L2036
		L2037	L2038	L2060	L2106
		L2108	L2114	L2116	L2126
		L2132	L2134	L2136	L2350
		L2510	L2526	L2627	L2628
		L3010	L3020	L3031	L3230
		L3649	L3671	L3720	L3730
		L3740	L3763	L3764	L3900
		L3901	L3904	L3905	L3960
		L3961	L3971	L3975	L3976
		L3977	L3999	L4000	L4010
		L4020	L4210	L4350	L4392
		L4394	L5000	L5010	L5020
		L5050	L5060	L5100	L5105
		L5150	L5160	L5200	L5210
		L5220	L5230	L5250	L5280
		L5301	L5321	L5331	L5341
		L5400	L5420	L5460	L5530
		L5535	L5540	L5560	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5682	L5700	L5702
		L5705	L5706	L5716	L5718
		L5722	L5724	L5726	L5728
		L5780	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5845	L5848	L5857
		L5858	L5930	L5950	L5960
		L5961	L5962	L5964	L5966
		L5968	L5973	L5976	L5979
		L5980	L5981	L5982	L5984

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
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Orthotics and prosthetics (cont'd)

L5986	L5987	L5988	L5990
L5999	L6000	L6010	L6020
L6050	L6055	L6100	L6110
L6120	L6130	L6200	L6205
L6250	L6300	L6310	L6320
L6350	L6360	L6370	L6380
L6382	L6384	L6400	L6450
L6500	L6550	L6570	L6580
L6582	L6584	L6586	L6588
L6590	L6621	L6623	L6624
L6648	L6686	L6687	L6689
L6690	L6692	L6693	L6704
L6707	L6708	L6709	L6715
L6880	L6881	L6882	L6900
L6905	L6910	L6915	L6920
L6925	L6930	L6935	L6940
L6945	L6950	L6955	L6960
L6965	L6970	L6975	L7007
L7008	L7009	L7040	L7045
L7170	L7180	L7181	L7185
L7186	L7190	L7191	L7405
L8040	L8042	L8043	L8044
L8045	L8046	L8047	L8499
L8609	L8610	L8612	L8631
L8659			

Outpatient therapy

Prior authorization required

For prior authorization of the following evaluation and re-evaluation codes listed below:

- The request must be submitted by a primary care provider.
- Please submit requests online by using the Prior Authorization and Notification tool on Link. To access the tool, go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.

70371	92521	92522	92523
92524	92597	92609	92610
92626	92627	92630	96105
97161	97162	97163	97164
97165	97166	97167	97168
S9152			

For prior authorization of the following Outpatient therapy codes, please call OptumHealth Physical Health at **800-873-4575** or the notification number on the back of the member's health plan ID card.

92507	92508	92526	92633
97012	97014	97016	97018
97022	97024	97026	97028
97032	97033	97034	97035

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Outpatient therapy (cont'd)		97036	97039	97112	97113
		97116	97139	97140	97150
		97530	97533	97535	97537
		97542	97545	97546	97750
		97755	97760	97761	97762
		97799	97110*	G0129	G0151
		G0152	G0281	G0282	G0283
		G0515	G9041	G9043	G9044
		S8990	S9129	S9131	
		OR billed with the following Revenue codes:			
		419	420	421	422
		423	424	429	430
		431	432	433	434
		439	977	978	
		* Prior authorization is not required for Place of Service Home/12/Bill Type 3XX.			
Proton beam therapy	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. To access the tool, go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/FLcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.			
Rhinoplasty and septoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Carpal tunnel surgery 64721			
	Prior authorization isn't required if performed at a participating Ambulatory Surgery Center (ASC).	Cataract surgery 66821 66982 66984			
		Colonoscopy 45378 45380 45384 45385			
	Prior authorization requirements don't apply to Monroe County.	Ear, nose and throat (ENT) procedures 69436			
		Gynecologic procedures			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (cont'd)		57522	58558	58563	
		Hernia repair			
		49505			
		Miscellaneous			
		20680			
		Ophthalmologic			
		65426			
		Tonsillectomy and adenoidectomy			
		42820	42821	42825	42826
		42830			
		Upper and lower gastrointestinal endoscopy			
		43235	43239	43249	
		Urologic procedures			
		52000	52005		
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
Spinal stimulator for pain management	Prior authorization required	63650	63655	63685	
Spinal cord stimulators when implanted for pain management					
Spinal surgery	Prior authorization required	0095T	0098T	0164T	22100
		22101	22102	22110	22112
		22114	22206	22207	22210
		22212	22214	22220	22224
		22532	22533	22548	22551
		22554	22556	22558	22586
		22590	22595	22600	22610
		22612	22630	22633	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22849	22850	22852	22855
		22856	22861	22864	22865
		22899	63001	63003	63005
		63011	63012	63015	63016
		63017	63020	63030	63040
		63042	63045	63046	63047
		63050	63055	63056	63064
		63075	63077	63081	63085
		63087	63090	63101	63102
		63170	63172	63173	63180
		63182	63185	63190	63191
		63194	63195	63196	63198
		63199	63200	63250	63251
		63252	63265	63267	63268

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery(cont'd)		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	64553	64570	
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services including Kymriah [™] (tisagenlecleucel) and Yescarta [™] (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50380	50547	S2060
		S2061	S2152		
		CAR-T cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
Vagus nerve stimulation	Prior authorization required	61885	64568	L8680	L8682
Implantation of a device that sends electrical impulses into one of the cranial nerves		L8685	L8686	L8687	L8688
Vein procedures	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37780
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509