

# Prior Authorization Requirements for Florida

## Effective January 1, 2019

### General Information

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

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone: 877-842-3210**
- **Fax:** 866-607-5975; fax form is available at **UHCprovider.com/FLcommunityplan>Prior Authorization and Notification Resources >Prior Authorization Paper Fax Forms**

**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 <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Acupuncture</b>	Prior authorization required	97810	97811	97813	97814
<b>Bariatric surgery</b>	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
<b>Behavioral health services</b>	Many of our benefit plans 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 when referring for mental health and substance abuse/substance use services.			
<b>Bone growth stimulator</b>	Prior authorization required	20975	20979	E0747	E0748
Electronic stimulation or ultrasound to heal fractures		E0749	E0760		
<b>BRCA genetic testing</b>	Prior authorization required	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81432	81433	
<b>Breast pump, electric</b>	Prior authorization required	E0604			
<b>Breast reconstruction (non-mastectomy)</b>	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			

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Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization
<b>Cancer supportive care</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	<p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p><b>Filgrastim (Neupogen<sup>®</sup>)</b> J1442</p> <p><b>Filgrastim-aafi (Nivestym<sup>™</sup>)</b> Q5110</p> <p><b>Filgrastim-sndz (Zarxio<sup>®</sup>)</b> Q5101</p> <p><b>Pegfilgrastim (Neulasta<sup>®</sup>)</b> J2505</p> <p><b>Pegfilgrastim-jmdb (Fulphila<sup>™</sup>)</b> Q5108</p> <p><b>Sargramostim (Leukine<sup>®</sup>)</b> J2820</p> <p><b>Tbo-filgrastim (Granix<sup>®</sup>)</b> J1447</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Xgeva<sup>®</sup>)</b> J0897</p> <p>For prior authorization: please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p>
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<p><b><u>Injectable chemotherapy drugs that require prior authorization:</u></b></p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641)</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 Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> <p>For prior authorization: please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p>
<b>Chiropractic</b>	Prior authorization required	98940    98941    98942    98943

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Circumcision</b>	<b>For Florida MMA only:</b> Prior authorization required for patients ages 12 weeks and older	54161			
<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech					
<b>Cosmetic and reconstructive</b>	Prior authorization required	11960 15822 15877 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	11971 15823 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026	15820 15830 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	15821 15847 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961
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					
<b>Durable medical equipment (DME)</b>	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279 E0300 E0466 E0693 E0764 E0986 E1005 E1010 E1161 E1234 E1238 E2322 E2351 E2599 E2629 K0013 K0850 K0854 K0858 K0862 T1999 V5270 V5282 V5288	A9280 E0445 E0483 E0694 E0766 E1002 E1006 E1030 E1231 E1235 E1399 E2325 E2373 E2626 E2630 K0108 K0851 K0855 K0859 K0863 T5999 V5271 V5283 V5290	E0265 E0457 E0620 E0745 E0784 E1003 E1007 E1035 E1232 E1236 E2227 E2327 E2510 E2627 K0005 K0848 K0852 K0856 K0860 K0864 V2786 V5272 V5286	E0270 E0460 E0675 E0762 E0984 E1004 E1008 E1036 E1233 E1237 E2228 E2329 E2511 E2628 K0008 K0849 K0853 K0857 K0861 S1040 V5269 V5281 V5287
Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .					
<b>Enteral services</b>	Prior authorization required	B9998			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
In-home nutritional therapy, either enteral or through a gastrostomy tube					
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	0085T	0191T	33477	36514
		55866	61863	61864	61867
		61868	61886	64555	64722
		65765	65767	66180	95978
		A4638	A6000	A9274	E0231
		E1831	S0810	S1030	S1031
		S9988	S9990	S9991	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home	99504	S9122	S9123	S9124
		T1021	T1030	T1031	
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0800			
		<b>Botulinum toxins</b>			
		J0585	J0586	J0587	J0588
		<b>Brineura™</b>			
		J0567			
		<b>Cerezyme®</b>			
		J1786			
		<b>Cinqair®</b>			
		J2786			
		<b>Crysvita®</b>			
		J0584			
		<b>Elelyso®</b>			
		J3060			
		<b>Entyvio®</b>			
		J3380			
		<b>Exondys 51™</b>			
		J1428			
		<b>Fasenra™</b>			
		J0517			
		<b>Ilaris®</b>			
		J0638			
		<b>Ilumya™</b>			
		J3245			
		<b>Inflectra®</b>			
Q5103					
<b>IVIG</b>					
90283	90284	J1459	J1555		
J1556	J1557	J1559	J1561		
J1566	J1568	J1569	J1572		
<b>Injectable medications (cont'd)</b>					

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization
		J1575 J1599
		<b>Lemtrada<sup>®</sup></b>
		J0202
		<b>Luxturna<sup>™</sup></b>
		J3398
		<b>Makena<sup>®</sup></b>
		J1726 J1729 J2675
		<b>Nucala<sup>®</sup></b>
		J2182
		<b>Ocrevus<sup>™</sup></b>
		J2350
		<b>Onpattro<sup>™</sup></b>
		C9036
		<b>Orencia<sup>®</sup></b>
		J0129
		<b>Parsabiv<sup>™</sup></b>
		J0606
		<b>Probuphine<sup>®</sup></b>
		J0570
		<b>Radicava<sup>®</sup></b>
		J1301
		<b>Remicade<sup>®</sup></b>
		J1745
		<b>Renflexis<sup>®</sup></b>
		Q5104
		<b>Simponi Aria<sup>®</sup></b>
		J1602
		<b>Soliris<sup>®</sup></b>
		J1300
		<b>Spinraza<sup>™</sup></b>
		J2326
		<b>Sublocade<sup>™</sup></b>
		Q9991 Q9992
		<b>Synagis<sup>®*</sup></b>
		90378
		<b>Trogarzo<sup>™</sup></b>
		J1746
		<b>Unclassified codes<sup>**</sup></b>
		C9399 J3490 J3590
		<b>Xolair<sup>®*</sup></b>
		J2357
<b>Injectable medications (cont'd)</b>		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		<p>drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <b>UHCprovider.com</b> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p><b>* Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</b></p> <p><b>** For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Onpattro™.</b></p>			
<b>Joint replacement</b>	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
<b>Massage Therapy</b>	Prior authorization required	97010	97112	97124	97140
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b>	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	
<b>Orthotics and prosthetics</b>	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	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
<b>Orthotics and prosthetics (cont'd)</b>		L2627	L2628	L3010	L3020

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
		L3031	L3230	L3649	L3671
		L3720	L3730	L3740	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	L5648
		L5651	L5653	L5661	L5682
		L5702	L5706	L5716	L5718
		L5722	L5724	L5726	L5728
		L5780	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5848	L5857	L5858
		L5930	L5950	L5960	L5961
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5987	L5988
		L5990	L6000	L6010	L6020
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		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

**Orthotics and prosthetics (cont'd)**

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
		L7180	L7181	L7185	L7186
		L7190	L7191	L7405	L8040
		L8042	L8043	L8044	L8045
		L8046	L8047	L8499	L8609
		L8610	L8612	L8631	L8659
		L6350			
<b>Outpatient therapy</b>	Prior authorization required	70371	92507	92508	92521
		92522	92523	92524	92526
	For prior authorization, please call OptumHealth Physical Health at <b>800-873-4575</b> or the notification number on the back of the member's health plan ID card.	92597	92609	92610	92626
		92627	92630	92633	96105
		97012	97014	97016	97018
		97022	97024	97026	97028
		97032	97033	97034	97035
	<b>For patients ages 16 and older:</b>	97036	97039	97110*	97112
	Care providers must also complete the Patient Summary Form PSF-750 online. If you're registered with Optum, you can edit and submit the form at <b>myoptumhealthphysicalhealth.com</b> > Resource Library > Clinical Submission Forms. If you can't submit the form online, please call OptumHealth Physical Health at <b>800-873-4575</b> .	97113	97116	97139	97140
		97150	97161	97162	97163
		97164	97165	97166	97167
		97168	97530	97533	97535
		97537	97542	97545	97546
		97750	97755	97760	97761
		97762	97799	G0129	G0151
		G0152	G0281	G0282	G0283
		G0515	G9041	G9043	G9044
		S8990	S9129	S9131	S9152
	<b>For patients younger than age 16:</b>	OR billed with the following Revenue codes:			
	Care providers must also submit the top two sections of the Patient Summary Form PSF-750 online – you don't have to complete the patient section in the bottom third of the form. If you can't submit the form online, please call OptumHealth Physical Health at <b>800-873-4575</b> .	419	420	421	422
		423	424	429	430
		431	432	433	434
		439	977	978	
		<b>* Prior authorization is not required for Place of Service Home/12/Bill Type 3XX</b>			
<b>Proton beam therapy</b>	Prior authorization required	77520	77522	77523	77525
	Focused radiation therapy using beams of protons, which are tiny particles with a positive charge				
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	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 app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b> .			
<b>Radiology (cont'd)</b>		For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/FLcommunityplan</b> > Prior Authorization and Notification Resources			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		>Radiology Prior Authorization and Notification Program			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Carpal tunnel surgery</b> 64721			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Cataract surgery</b> 66821 66982 66984			
	Prior authorization requirements don't apply to Monroe County.	<b>Colonoscopy</b> 45378 45380 45384 45385			
		<b>Ear, nose and throat (ENT) procedures</b> 69436			
		<b>Gynecologic procedures</b> 57522 58558 58563			
		<b>Hernia repair</b> 49505			
		<b>Miscellaneous</b> 20680			
		<b>Ophthalmologic</b> 65426			
		<b>Tonsillectomy and adenectomy</b> 42820 42821 42825 42826 42830			
		<b>Upper and lower gastrointestinal endoscopy</b> 43235 43239 43249			
		<b>Urologic procedures</b> 52000 52005			
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Spinal stimulator for pain management</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
<b>Spinal surgery</b>	Prior authorization required	0095T 22101 22114 22212 22532 22554	0098T 22102 22206 22214 22533 22556	0164T 22110 22207 22220 22548 22558	22100 22112 22210 22224 22551 22586
<b>Spinal surgery (cont'd)</b>					

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
		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
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	64553	64570	
<b>Transplants</b>	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 <b>800-418-4994</b> 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		
		<b>CAR-T cell therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
<b>Vagus nerve stimulation</b>	Prior authorization required	61885	64568	L8680	L8682
Implantation of a device that sends electrical impulses into one of the		L8685	L8686	L8687	L8688

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
cranial nerves					
<b>Vein procedures</b>	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
<b>Ventricular assist devices (VAD)</b>	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 <b>855-282-8929</b> .			
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