

Prior Authorization Requirements for Florida

Effective March 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 or fax:

- **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**
- **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® 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			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Cancer supportive care (cont'd)		Filgrastim-aafi (Nivestym[™]) Q5110			
		Filgrastim-sndz (Zarxio[®]) 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 <p>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.</p>			
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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
Cochlear implants and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69715	69718		
		69930	L8614	L8619	L8690		
		L8691	L8692				
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	11971	15820	15821		
		15822	15823	15830	15847		
		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 Prosthetics are not DME – see <i>Orthotics and prosthetics</i> . Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .		A9279	A9280	E0265	E0270		
		E0300	E0445	E0457	E0460		
		E0466	E0483	E0620	E0675		
		E0693	E0694	E0745	E0762		
		E0764	E0766	E0784	E0984		
		E0986	E1002	E1003	E1004		
		E1005	E1006	E1007	E1008		
		E1010	E1030	E1035	E1036		
		E1161	E1231	E1232	E1233		
		E1234	E1235	E1236	E1237		
		E1238	E1399	E2227	E2228		
		E2322	E2325	E2327	E2329		
		E2351	E2373	E2510	E2511		
		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				
		<u>The following codes will also require prior authorization for dates of service on or after April 1, 2019:</u>					
			A9900	E0328	E0329	E0465	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9998			
		<u>The following codes will also require prior authorization for dates of service on or after April 1, 2019:</u>			
		B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
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
		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	81170
		81175	81176	81200	81201
		81202	81203	81205	81206
		81207	81208	81209	81210
		81212	81215	81216	81217
		81218	81219	81220	81221
		81222	81223	81224	81225
		81226	81227	81228	81229
		81230	81231	81232	81235
	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.	81238	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
		81272	81273	81275	81276
		81283	81287	81288	81290
		81291	81292	81293	81294
		81295	81296	81297	81298
		81299	81300	81301	81302
		81303	81304	81310	81311
		81313	81314	81315	81316
		81317	81318	81319	81321
		81322	81323	81324	81325
		81326	81327	81328	81330
		81331	81332	81334	81335

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)		81340	81341	81342	81346	
		81350	81355	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	81445	81448	81450	
		81455	81460	81465	81470	
		81471	81479	81507	81519	
		81520	81521	81545	81595	
		81599	0001U	0004M	0011M	
		0012M	0013M	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	S3870	
	<u>The following codes will also require prior authorization for dates of service 04/01/2019 or after:</u>					
			81167	81171	81172	81173
			81174	81177	81178	81179
			81180	81181	81182	81183
		81184	81185	81186	81187	
		81188	81189	81190	81204	
		81233	81234	81236	81237	
		81239	81271	81274	81284	
		81285	81286	81289	81305	
		81306	81312	81320	81329	
		81333	81336	81337	81343	
		81344	81345	81443	81518	
		0012U	0013U	0014U	0016U	
		0017U	0069U	0070U	0071U	
		0072U	0073U	0074U	0075U	
		0076U	0078U			
Home health care	Prior authorization required only in outpatient settings, to include member's home	99504 T1021	S9122 T1030	S9123 T1031	S9124	
Injectable medications	Prior authorization required	Actemra® J3262				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)	Acthar[®]	J0800			
	Botulinum toxins	J0585	J0586	J0587	J0588
	Brineura[™]	J0567			
	Cerezyme[®]	J1786			
	Cinqair[®]	J2786			
	Crysvita[®]	J0584			
	Elelyso[®]	J3060			
	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			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont'd)		Parsabiv™ J0606 Probuphine® J0570 Radicava® J1301 Remicade® J1745 Renflexis® Q5104 Simponi Aria® J1602 Soliris® J1300 Spinraza™ J2326 Sublocade™ Q9991 Q9992 Synagis®* 90378 Trogarzo™ J1746 Unclassified codes** C9399 J3490 J3590 Xolair®* J2357
		<u>Effective for dates of service 05/01/2019 or after:</u>
		Therapeutic radiopharmaceuticals
		A9513 A9606 A9699
		<p>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.</p>
		<p>* Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</p>
		<p>** For Unclassified codes C9399, J3490 and J3590, prior authorization is required for Onpattro™.</p>
		<p>For dates of service 04/1/2019 and after: Gamifant® will also require prior authorization.</p>

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

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)

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
L7180	L7181	L7185	L7186
L7190	L7191	L7405	L8040
L8042	L8043	L8044	L8045
L8046	L8047	L8499	L8609
L8610	L8612	L8631	L8659
L6350			

The following codes will also require prior authorization for dates of service 04/01/2019 or after:

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		L1820	L1832	L3763	L5647
		L5649	L5673	L5700	L5705
		L5845	L5962	L5986	L5999
Outpatient therapy	Prior authorization required	70371	92507	92508	92521
		92522	92523	92524	92526
	For prior authorization, please call OptumHealth Physical Health at 800-873-4575 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
	For patients ages 16 and older:	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 myoptumhealthphysicalhealth.com > Resource Library > Clinical Submission Forms. If you can't submit the form online, please call OptumHealth Physical Health at 800-873-4575 .	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
	For patients younger than age 16: 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 800-873-4575 .			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
		30435	30450	30460	30462
Treatment of nasal functional impairment and septal deviation		30465			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
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		
	Prior authorization requirements don't apply to Monroe County.	Colonoscopy				
		45378	45380	45384	45385	
			Ear, nose and throat (ENT) procedures			
			69436			
			Gynecologic procedures			
			57522	58558	58563	
			Hernia repair			
			49505			
			Miscellaneous			
		20680				
		Ophthalmologic				
		65426				
		Tonsillectomy and adenectomy				
		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	

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

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