

# Prior Authorization Requirements for Florida Medicaid Effective Apr. 1, 2020

## 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			
<b>Acupuncture</b>	Prior authorization required	97810	97811	97813	97814
<b>Bariatric surgery</b>	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
<b>Behavioral health services</b>	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.			
<b>Bone growth stimulator</b>	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
<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			
<b>Cancer supportive care</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>			
		<b>Filgrastim (Neupogen®)</b>			
		J1442			
		<b>Filgrastim-aafi (Nivestym™)</b>			
		Q5110			
		<b>Filgrastim-sndz (Zarxio®)</b>			
		Q5101			
		<b>Pegfilgrastim (Neulasta®)</b>			
		J2505			

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Cancer supportive care (continued)		<p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447</p> <p><b><u>Bone-modifying agents that require prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b> J0897</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. To access the tool, go to <b>UHCprovider.com</b> 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 <b>888-397-8129</b>.</p>																																																																																																																
Cardiovascular	Prior authorization required for lower extremities angiogram only	<p>75710      75716</p> <p><b>*Prior authorization required for the following diagnosis codes:</b></p> <table border="0"> <tr><td>E08.51</td><td>E08.52</td><td>E08.59</td><td>E08.621</td></tr> <tr><td>E09.51</td><td>E09.52</td><td>E09.59</td><td>E09.621</td></tr> <tr><td>E10.51</td><td>E10.52</td><td>E10.59</td><td>E10.621</td></tr> <tr><td>E11.51</td><td>E11.52</td><td>E11.59</td><td>E11.621</td></tr> <tr><td>E13.51</td><td>E13.52</td><td>E13.59</td><td>E13.621</td></tr> <tr><td>I70.201</td><td>I70.202</td><td>I70.203</td><td>I70.208</td></tr> <tr><td>I70.209</td><td>I70.211</td><td>I70.212</td><td>I70.213</td></tr> <tr><td>I70.218</td><td>I70.219</td><td>I70.221</td><td>I70.222</td></tr> <tr><td>I70.223</td><td>I70.228</td><td>I70.229</td><td>I70.231</td></tr> <tr><td>I70.232</td><td>I70.233</td><td>I70.234</td><td>I70.235</td></tr> <tr><td>I70.238</td><td>I70.239</td><td>I70.241</td><td>I70.242</td></tr> <tr><td>I70.243</td><td>I70.244</td><td>I70.245</td><td>I70.248</td></tr> <tr><td>I70.249</td><td>I70.25</td><td>I70.261</td><td>I70.262</td></tr> <tr><td>I70.263</td><td>I70.268</td><td>I70.269</td><td>I70.291</td></tr> <tr><td>I70.292</td><td>I70.293</td><td>I70.298</td><td>I70.299</td></tr> <tr><td>I70.301</td><td>I70.302</td><td>I70.303</td><td>I70.308</td></tr> <tr><td>I70.309</td><td>I70.311</td><td>I70.312</td><td>I70.313</td></tr> <tr><td>I70.318</td><td>I70.319</td><td>I70.321</td><td>I70.322</td></tr> <tr><td>I70.323</td><td>I70.329</td><td>I70.331</td><td>I70.332</td></tr> <tr><td>I70.333</td><td>I70.334</td><td>I70.335</td><td>I70.338</td></tr> <tr><td>I70.339</td><td>I70.341</td><td>I70.342</td><td>I70.343</td></tr> <tr><td>I70.344</td><td>I70.345</td><td>I70.348</td><td>I70.349</td></tr> <tr><td>I70.35</td><td>I70.361</td><td>I70.362</td><td>I70.363</td></tr> <tr><td>I70.369</td><td>I70.391</td><td>I70.392</td><td>I70.393</td></tr> <tr><td>I70.399</td><td>I70.401</td><td>I70.402</td><td>I70.403</td></tr> <tr><td>I70.408</td><td>I70.409</td><td>I70.411</td><td>I70.412</td></tr> <tr><td>I70.413</td><td>I70.418</td><td>I70.421</td><td>I70.422</td></tr> <tr><td>I70.423</td><td>I70.428</td><td>I70.429</td><td>I70.431</td></tr> </table>	E08.51	E08.52	E08.59	E08.621	E09.51	E09.52	E09.59	E09.621	E10.51	E10.52	E10.59	E10.621	E11.51	E11.52	E11.59	E11.621	E13.51	E13.52	E13.59	E13.621	I70.201	I70.202	I70.203	I70.208	I70.209	I70.211	I70.212	I70.213	I70.218	I70.219	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	I70.244	I70.245	I70.248	I70.249	I70.25	I70.261	I70.262	I70.263	I70.268	I70.269	I70.291	I70.292	I70.293	I70.298	I70.299	I70.301	I70.302	I70.303	I70.308	I70.309	I70.311	I70.312	I70.313	I70.318	I70.319	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	I70.391	I70.392	I70.393	I70.399	I70.401	I70.402	I70.403	I70.408	I70.409	I70.411	I70.412	I70.413	I70.418	I70.421	I70.422	I70.423	I70.428	I70.429	I70.431
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	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	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		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
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	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	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
	L97.819	L97.828	L97.829	L97.909	
	L97.919	L97.929	L98.491	L98.499	
	M79.604	M79.605	M79.606	M79.609	
	M79.651	M79.652	M79.659	M79.661	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular</b> (continued)		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
<b>Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
	Prior authorization is not required for outpatient hospital or ambulatory surgical center				
<b>Chemotherapy</b>	Prior authorization 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 prior authorization:</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 Healthcare Common Procedure Coding System (HCPCS) code</li> </ul>			
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. To access the tool, go to <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>888-397-8129</b> .			
<b>Chiropractic</b>	Prior authorization required	98940	98941	98942	98943
<b>Circumcision</b>	Prior authorization required for patients ages 12 weeks and older	54161			
<b>Cochlear implants and other auditory implants</b> 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		
<b>Cosmetic and reconstructive</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive (continued)</b>		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		
<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	A9280	A9900	E0265
		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
		E0986	E1002	E1003	E1004
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i>	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			
<b>Enteral services</b>	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9998			
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	55866	64722
		65765	65767	66180	0085T
		0191T	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>Genetic and molecular testing to include BRCA genetic test</b>	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA genetic testing (continued)</b>	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.  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.	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
		81207	81208	81209	81210
		81212	81215	81216	81217
		81218	81219	81220	81221
		81222	81223	81224	81225
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		81230	81231	81232	81233
		81234	81235	81236	81237
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		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
		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		

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<b>Genetic and molecular testing to include BRCA genetic testing (continued)</b>		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	81552
		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	0060U
		0069U	0070U	0071U	0072U
		0073U	0074U	0075U	0076U
		0078U	0084U	0087U	0088U
		0089U	0090U	0091U	0094U
		0101U	0102U	0103U	0111U
		0113U	0118U	0129U	0130U
		0131U	0132U	0133U	0134U
		0135U	0136U	0137U	0138U
			S3870		
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home	S9122 T1030	S9123 T1031	S9124	T1021
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b> J3262 <b>Acthar®</b> J0800 <b>Benlysta</b> J0490 <b>Botulinum toxins</b> J0585      J0586      J0587      J0588 <b>Brineura™</b> J0567 <b>Cinqair®</b> J2786 <b>Crysvita®</b> J0584 <b>Entyvio®</b> J3380 <b>Evenity™</b> J3111 <b>Exondys 51™</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J1428			
	<b>Fasenra™</b>				
	J0517				
	<b>Feraheme®</b>				
	Q0138				
	<b>Gamifant®</b>				
	J9210				
	<b>Ilaris®</b>				
	J0638				
	<b>Ilumya™</b>				
	J3245				
	<b>Inflectra®</b>				
	Q5103				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG (Intravenous immunoglobulin)</b>				
	90283	90284	J1459	J1555	
	J1556	J1557	J1559	J1561	
	J1566	J1568	J1569	J1572	
	J1575	J1599			
	<b>Lemtrada®</b>				
	J0202				
	<b>Luxturna™</b>				
	J3398				
	<b>Makena®</b>				
	J1726	J1729	J2675		
	<b>Nucala®</b>				
	J2182				
	<b>Ocrevus™</b>				
	J2350				
	<b>Onpattro™</b>				
	J0222				
	<b>Orencia®</b>				
	J0129				
	<b>Parsabiv™</b>				
J0606					
<b>Probuphine®</b>					
J0570					
<b>Radicava®</b>					
J1301					
<b>Remicade®</b>					
J1745					
<b>Renflexis®</b>					
Q5104					
<b>Rituxan®</b>					
J9312					



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Injectable medications (continued)		<b>Rituxan Hycela®</b>				
		J9311				
		<b>Simponi Aria®</b>				
		J1602				
		<b>Soliris®</b>				
		J1300				
		<b>Sodium Hyaluronate</b>				
			J7320	J7321	J7322	J7324
			J7325	J7326	J7327	J7329
			J7331	J7332		
		<b>Spinraza™</b>				
		J2326				
		<b>Stelara®</b>				
		J3358				
		<b>Sublocade™</b>				
			Q9991	Q9992		
		<b>Synagis®*</b>				
		90378				
		<b>Therapeutic radiopharmaceuticals</b>				
			A9513	A9590	A9606	A9699
		<b>Trogarzo™</b>				
		J1746				
		<b>Truxima®</b>				
	Q5115					
	<b>Unclassified codes**</b>					
		C9399	J3490	J3590		
	<b>Ultomiris™</b>					
	J1303					
	<b>Xolair®*</b>					
	J2357					
	<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 &amp; 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 <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; 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 <b>800-310-6826</b>.</p>					
	<p>** For unclassified codes C9399, J3490 and J3590, prior authorization is required for Cutaquig®, Reblozyl®, Ruxience®, Spravato™, Xembify® and Zolgensma®.</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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Joint replacement (continued)</b>		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> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		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	L0462	L0464
		L0480	L0482	L0484	L0486
		L0624	L0629	L0631	L0700
		L0710	L0810	L0820	L0830
		L0859	L1000	L1005	L1200
		L1300	L1310	L1499	L1680
		L1685	L1700	L1710	L1720
		L1730	L1755	L1820	L1832
		L1834	L1840	L1844	L1845
		L1846	L1847	L1850	L1860
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2136	L2350	L2510	L2526
		L2627	L2628	L3230	L3649
		L3671	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4000	L4010	L4020	L4210
		L4350	L4392	L4394	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		

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

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	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Outpatient therapy (continued)</b>		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
		97036	97039	97112	97113
		97116	97139	97140	97150
		97530	97533	97535	97537
		97542	97545	97546	97750
		97755	97760	97761	97799
		97110*	G0129	G0151	G0152
		G0281	G0282	G0283	G0515
		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.			
<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 tool on Link. To access the tool, go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b> .  For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/FLcommunityplan</b> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.			
<b>Rhinoplasty and septoplasty</b>	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
<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			
		<b>Cataract surgery</b> 66821 66982 66984			
		<b>Colonoscopy</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
<b>Site of service (SOS) – outpatient hospital (continued)</b>	Prior authorization isn't required if performed at a participating Ambulatory Surgery Center (ASC).	45378	45380	45384	45385		
		<b>Ear, nose and throat (ENT) procedures</b>					
	Prior authorization requirements don't apply to Monroe County.	69436	<b>Gynecologic procedures</b>				
		57522	58558	58563	<b>Hernia repair</b>		
		49505	<b>Miscellaneous</b>				
		20680	<b>Ophthalmologic</b>				
		65426	<b>Tonsillectomy and adenoidectomy</b>				
		42820	42821	42825	42826	<b>Upper and lower gastrointestinal endoscopy</b>	
		42830	<b>Urologic procedures</b>				
		43235	43239	43249	<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 surgery</b>
				22100	22101	22102	
				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	63270	63271	63272		
		63286	63300	63301	63302		
		63303	63304	63305	63306		
		63307	63308	0095T	0098T		
		0164T					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>			
Implantation of a device that sends electrical impulses <b>Stimulators (continued)</b>		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0312T	0313T	0314T
		0315T	0316T	0317T	L8680
		L8682	L8685	L8686	L8687
		L8688			
<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		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
<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