

Prior Authorization Requirements for Florida Medicaid

Effective Sept. 1, 2021

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 UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal 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	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
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		
Electronic stimulation or ultrasound to heal fractures					
Breast pump, electric	Prior authorization required	E0604			
Breast reconstruction (non-mastectomy)	Prior authorization required	19316	19318	19325	19328
Reconstruction of the breast, except when following mastectomy		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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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®)
		Q5101
		Pegfilgrastim (Neulasta®)
		J2505
		Pegfilgrastim-appf (Nyvepria™)
		Q5122
		Pegfilgrastim-bmez (Ziextenzo®)
		Q5120
		Pegfilgrastim-cbqv (UDENYCA™)
		Q5111
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 UnitedHealthcare Provider Portal. To access the tool, go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 888-397-8129 .		

Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		75710 *	75716 *		
		* Prior authorization required for the following diagnosis codes:			
		E08.51	E08.52	E08.59	E08.621
E09.51	E09.52	E09.59	E09.621		

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cardiovascular (continued)		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	
		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	
	Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)	Prior authorization required for inpatient services	95700	95711	95712	95713
			95714	95715	95716	95718
		Prior authorization is not required for outpatient hospital or ambulatory	95720	95722	95724	95726

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	surgical center				
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, J0642) , Lupron Depot (J1950) • 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 UnitedHealthcare Provider Portal. To access the tool, go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 888-397-8129.</p>			
Chiropractic	Prior authorization required	98940	98941	98942	98943
Circumcision	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		
Continuous Glucose Monitor	Prior authorization required	A9276	A9277	A9278	
Cosmetic and reconstructive	Prior authorization required	11960	11971	14020	14021
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		14041	14060	14061	14301
		15820	15821	15822	15823
		15830	15847	15877	17106
		17107	17108	17999	21137
		21138	21139	21172	21175
		21179	21180	21181	21182
Reconstructive procedures that treat a medical condition to improve or restore physiologic function		21183	21184	21230	21235
		21256	21275	21280	21282
		21295	21740	21742	21743
		28344	30620	67900	67901

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive (continued)		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	E0265
		E0270	E0300	E0328	E0329
		E0445	E0457	E0460	E0465
		E0466	E0470	E0471	E0483
		E0486	E0620	E0652	E0675
		E0693	E0694	E0745	E0762
	Prosthetics are not DME – see Orthotics and prosthetics	E0764	E0766	E0784	E0984
		E0986	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
		E1010	E1030	E1035	E1036
	Some home health care services may qualify but are not subject to the cost threshold – see Home health care	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	E8000
		E8001	E8002	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	64722
		65765	65767	66180	0191T
		A4638	A6000	A9274	E0231
		E1831	S0810	S1030	S1031
		S9988	S9990	S9991	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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. 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.	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		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	81203
		81204	81205	81208	81209
		81212	81216	81218	81220
		81222	81223	81224	81225
		81226	81227	81228	81229
		81230	81231	81232	81233
		81234	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	81271
		81272	81273	81274	81276
		81283	81284	81285	81286
		81287	81288	81289	81290
		81291	81292	81294	81295
81297	81298	81300	81302		
81303	81304	81305	81306		
81310	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA genetic test (continued)		81345	81346	81350	81355
		81361	81362	81363	81364
		81370	81371	81372	81373
		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	81430
		81431	81432	81433	81434
		81435	81436	81437	81438
		81439	81440	81442	81445
		81448	81460	81465	81470
		81471	81479	81507	81518
		81519	81520	81521	81546
		81595	81599	87481	87482
		87505	87506	87507	87510
		87511	87512	87623	87797
		87798	87799	87800	87801
		0001U	0004M	0012U	0013U
		0014U	0016U	0017U	0018U
		0022U	0023U	0026U	0027U
		0030U	0031U	0032U	0033U
		0034U	0040U	0046U	0049U
		0055U	0060U	0068U	0070U
		0071U	0072U	0073U	0074U
		0075U	0076U	0084U	0087U
		0088U	0097U	0111U	0129U
		0130U	0137U	S3870	
Home health care	Prior authorization required only in outpatient settings, to include member's home	S9122 T1030	S9123 T1031	S9124	T1021
Hysterectomy	Prior authorization required	58150 58262 58275 58542 58552 58572	58152 58263 58290 58543 58553 58573	58180 58267 58291 58544 58570	58260 58270 58292 58550 58571

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications	Prior authorization required	Actemra®			
		J3262			
		Acthar®			
		J0800			
		Adakveo®			
		J0791			
		Avsola™			
		Q5121			
		Benlysta			
		J0490			
		Beriner®			
		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
		J0567			
		Cimzia®*			
		J0717			
		Cinqair®			
		J2786			
		Cinryze®			
		J0598			
		Crysvita®			
		J0584			
		Entyvio®			
		J3380			
		Evenity™			
		J3111			
		Exondys 51™			
		J1428			
		Fasenra™			
		J0517			
		Feraheme®			
		Q0138			
		Firmagon®			
		J9155			
		Gamifant®			
		J9210			
		Givlaari®			
		J0223			
		Ilaris®			
		J0638			
		Ilumya™			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J3245				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG (Intravenous immunoglobulin)				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	Kalbitor®				
	J1290				
	Krystexxa®				
	J2507				
	Lemtrada®				
	J0202				
	Lupron Depot®				
	J1950				
	Lupron Depot, Eligard®				
	J9217				
	Luxturna™				
	J3398				
	Makena®				
	J1726	J1729	J2675		
	Monoferric®				
	J1437				
	Nplate®				
	J2796				
	Nucala®				
	J2182				
Ocrevus™					
J2350					
Octreotide Acetate					
J2354					
Onpattro™					
J0222					
Orencia®					
J0129					
Oxlumo™					
J0224					
Parsabiv™					
J0606					
Probuphine®					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J0570				
	Radicava®				
	J1301				
	Reblozyl®				
	J0896				
	Remicade®				
	J1745				
	Renflexis®				
	Q5104				
	Riabni™				
	Q5123				
	Rituxan®				
	J9312				
	Rituxan Hycela®				
	J9311				
	Ruconest®				
	J0596				
	Ruxience®				
	Q5119				
	Sandostatin® LAR				
	J2353				
	Scenesse®				
	J7352				
	Signifor® LAR				
	J2502				
	Simponi Aria®				
	J1602				
	Soliris®				
	J1300				
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Somatuline® Depot				
	J1930				
	Spinraza™				
	J2326				
	Spravato™				
S0013					
Stelara®					
J3358					
Sublocade™					
Q9991	Q9992				

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

Supprelin® LA

J9226

Synagis®*

90378

Tepezza®

J3241

Therapeutic radiopharmaceuticals

A9513 A9590 A9606 A9699

Trelstar®

J3315

Triptodur®

J3316

Trogarzo™

J1746

Truxima®

Q5115

Unclassified and temporary codes**

C9075 C9399 J3490 J3590

Uplizna®

J1823

Ultomiris™

J1303

Vantas™

J9225

Viltepso™

J1427

Vyepti™

J3032

Vyondys 53

J1429

Xembify®

J1558

Xolair®*

J2357

Zoladex®

J9202

Zolgensma®

J3399

Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		Medications 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 Cimzia, Synagis and Xolair through OptumRx prior notifications services at 800-310-6826 . ** For unclassified and temporary codes C9075, C9399, J3490 and J3590, prior authorization is only required for Amondys 45, Cutaquig® and Lupaneta Pack™,			
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	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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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	<p>For prior authorization of the following evaluation and re-evaluation codes listed below:</p> <ul style="list-style-type: none"> The request must be submitted by a primary care provider. Please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. To access the tool, go to: UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. 			
		70371	92521	92522	92523
		92524	92597	92609	92610
		92626	92627	92630	96105
		97161	97162	97163	97164
		97165	97166	97167	97168
		S9152			
		<p>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.</p>			
		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	G0281	G0282
		G0283	G0515	S8990	S9129
		S9131			
		<p>OR billed with the following Revenue codes:</p>			
		419	420	421	422
		423	424	429	430
		431	432	433	434

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Outpatient therapy (continued)		439	977	978	
		* Prior authorization is not required for Place of Service Home/12/Bill Type 3XX.			
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
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 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. To access the tool, go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Portal dashboard. Or, call 866-889-8054.</p> <p>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.</p>			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – Outpatient hospital	<p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization isn't required if performed at a participating Ambulatory Surgery Center (ASC).</p> <p>Prior authorization requirements don't apply to Monroe County</p>	<p>Carpal tunnel surgery 64721</p> <p>Cataract surgery 66821 66982 66984</p> <p>Colonoscopy 45378 45380 45384 45385</p> <p>Ear, nose and throat (ENT) procedures 69436</p> <p>Gynecologic procedures 57522 58558 58563</p> <p>Hernia repair 49505</p> <p>Miscellaneous</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Site of service (SOS) – Outpatient hospital (continued)		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 surgery	Prior authorization required	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
		63185	63190	63191	63194
63195	63196	63198	63199		
63200	63250	63251	63252		
63265	63267	63268	63270		
63271	63272	63286	63300		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (continued)		63301	63302	63303	63304
		63305	63306	63307	63308
		0095T	0098T	0164T	
Stimulators	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		Neurostimulator			
		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				
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptogene Cicleucel), Breyanzi® (Lisocabtagene), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 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
		C9076**	C9399**	J3490**	J3590**
		J9999**	Q2041	Q2042	Q2053
		* Code 38232 will only require prior authorization for an oncology diagnosis			
		** For unclassified codes C9076, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma® and			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (continued)		Breyanzi®			
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	37765
		37766	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