

Prior authorization requirements for Medica HealthCare and Preferred Care Partners of Florida

Effective July 1, 2020

General information

This list contains prior authorization requirements for Medica HealthCare and Preferred Care Partners of Florida participating care providers for inpatient and outpatient services.

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 tile on your Link dashboard.
- **Phone:**
 - **Medica HealthCare:** Call 866-273-9444.
 - **Preferred Care Partners:** Call 800-995-0480.

Prior authorization is not required for emergency or urgent care.

Plans with referral requirements: If a member's health plan ID card says, "Referral Required," certain services may require a referral from the member's primary care provider **and** prior authorization obtained by the treating physician. You can find more information about the referral process in the 2019 UnitedHealthcare Administrative Guide for commercial and Medicare Advantage plans including UnitedHealthcare West fee-for-service at **UHCprovider.com** > Menu > Administrative Guides.

The following plans require prior authorization for in-network services:

Included Plans

Medica HealthCare:

Medica HealthCare Plans MedicareMax (HMO) – Groups 77700, 77701, 98151, 98152

Medica HealthCare Plans MedicareMax Plus (HMO D-SNP) – Groups 77702, 77703, 77704, 98153, 98154, 98155

Preferred Care Partners:

Preferred Choice Broward HMO – Groups 78601, 99791

Preferred Choice Dade (HMO) – Groups 78600, 99790

Preferred Choice Palm Beach (HMO) – Groups 78606, 99797

Preferred Medicare Assist (HMO D-SNP) – Groups 78602, 78603, 78609, 99792, 99793, 99796

Preferred Medicare Assist Palm Beach (HMO D-SNP) – Groups 78607, 78608, 78610, 99798, 99799, 99800

Preferred Special Care Miami-Dade (HMO C-SNP) – Groups 78605, 99795

Preferred Complete Care – Groups 78611, 98156

WellMed Plans – How to Obtain Prior Authorization

Prior authorization requests for the following groups can be submitted on the WellMed provider portal at eprg.wellmed.net or by calling **877-299-7213** from 8 a.m. to 5 p.m., Eastern Time, Monday through Friday.

Medica HealthCare: Medica HealthCare Plans MedicareMax (HMO) – Group 98151, 98152
 Medica HealthCare Plans MedicareMax Plus (HMO SNP) – Group 98153, 98154, 98155

Preferred Care Partners: Preferred Choice Broward HMO – Group 99791; Preferred Choice Dade (HMO) – Group 99790; Preferred Choice Palm Beach (HMO) – Group 99797; Preferred Medicare Assist (HMO SNP) – Group 99792, 99793, 99796; Preferred Medicare Assist Palm Beach (HMO SNP) – Group 99798, 99799, 99800; Preferred Special Care – Group 99795; Preferred Complete Care (HMO) – Group 98156

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Behavioral health services	Many of our benefit plans only 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 to refer for mental health and substance abuse/substance services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
Breast reconstruction–non-mastectomy Reconstruction of the breast except when following mastectomy	Prior authorization required	11920 19318 19330 19357 19367 19371	11921 19324 19340 19361 19368 19380	11922 19325 19342 19364 19369 19396	19316 19328 19350 19366 19370 L8600
Notification or prior authorization is <u>not</u> required for the following diagnosis codes:					
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction–non-mastectomy (continued)		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			
Cardiology services	Prior authorization no longer required				
Cardiovascular	Prior authorization is required for lower-extremity angiograms.	75710*	75716*		
		*Prior authorization is required for the following diagnosis codes:			
		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
		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		

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		T82.399A T82.868A	T82.818A T82.898A	T82.856A Z95.820	T82.858A Z98.62
Chemotherapy services	Prior authorization no longer required				
Cochlear implants and other auditory implants A medical device, including those with a surgically implanted portion, within the inner ear and with an external portion to help persons with profound sensorineural deafness to achieve conversational speech	Prior authorization required	69714 L8614 L8692	69715 L8619	69718 L8690	69930 L8691
Cosmetic and reconstructive procedures 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 Advance notification is required for inpatient or outpatient services.	11960 15822 17106 21172 21181 21230 21255 21263 21299 28344 30620 31298 67903 67909 67966	11971 15823 17107 21175 21182 21235 21256 21267 21740 30540 31295 67900 67904 67912 Q2026	15820 15830 17108 21179 21183 21248 21260 21268 21742 30545 31296 67901 67906 67950	15821 15847 17999 21180 21184 21249 21261 21275 21743 30560 31297 67902 67908 67961
Durable medical equipment (DME)	All requests for durable medical equipment should be directed to a health plan contracted vendor. For more information, please call the number on the member's health plan ID card.				
End-stage renal disease/dialysis services Services for the treatment of end-stage renal disease (ESRD) require advance notification, which includes outpatient dialysis services	Advance notification is required if a member is referred to an out-of-network provider for dialysis services. Using an in-network dialysis center can help our members avoid high-cost shares, even when they may have out-of-network benefits. Advance notification isn't required for ESRD when a Medicare member travels outside of the service area. Note: Your agreement with			To enroll or refer a Medicare member to the Kidney Resource Service, please call 866-561-7518.	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																											
End-stage renal disease/dialysis services (continued)	us may include restrictions on referring members outside of the UnitedHealthcare network.																																																												
Gender dysphoria treatment	Prior authorization required	<p>Notification or prior authorization is required for the following regardless of diagnosis code:</p> <p>55970 55980</p> <p>Notification or prior authorization is required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:</p> <table border="0"> <tr><td>14000</td><td>14001</td><td>14041</td><td>15734</td></tr> <tr><td>15738</td><td>15750</td><td>15757</td><td>15758</td></tr> <tr><td>15775</td><td>15776</td><td>15780</td><td>15781</td></tr> <tr><td>15782</td><td>15783</td><td>15788</td><td>15789</td></tr> <tr><td>15792</td><td>15793</td><td>19303</td><td>21899</td></tr> <tr><td>31599</td><td>31899</td><td>53410</td><td>53420</td></tr> <tr><td>53425</td><td>53430</td><td>54125</td><td>54400</td></tr> <tr><td>54401</td><td>54405</td><td>54408</td><td>54520</td></tr> <tr><td>54660</td><td>54690</td><td>55175</td><td>55180</td></tr> <tr><td>55866</td><td>56625</td><td>56800</td><td>56805</td></tr> <tr><td>57106</td><td>57110</td><td>57291</td><td>57292</td></tr> <tr><td>57295</td><td>57296</td><td>57335</td><td>57426</td></tr> <tr><td>58661</td><td>58720</td><td>58940</td><td>64856</td></tr> <tr><td>64892</td><td>64896</td><td>92507</td><td>92508</td></tr> </table>				14000	14001	14041	15734	15738	15750	15757	15758	15775	15776	15780	15781	15782	15783	15788	15789	15792	15793	19303	21899	31599	31899	53410	53420	53425	53430	54125	54400	54401	54405	54408	54520	54660	54690	55175	55180	55866	56625	56800	56805	57106	57110	57291	57292	57295	57296	57335	57426	58661	58720	58940	64856	64892	64896	92507	92508
14000	14001	14041	15734																																																										
15738	15750	15757	15758																																																										
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15792	15793	19303	21899																																																										
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57295	57296	57335	57426																																																										
58661	58720	58940	64856																																																										
64892	64896	92507	92508																																																										
Home health care services	All requests for home health services should be directed to a health plan contracted vendor. For more information, please call the number on the member's health plan ID card.																																																												
Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures	Prior authorization required	58150	58152	58180	58541																																																								
		58542	58543	58544	58550																																																								
		58552	58553	58554	58570																																																								
		58571	58572	58573																																																									
Hysterectomy (vaginal) – inpatient only	No prior is authorization required for outpatient vaginal hysterectomies.	58260	58262	58263	58267																																																								
		58270	58275	58280	58290																																																								
		58291	58292	58293	58294																																																								
Injectable medications Plan exclusions: None	Prior authorization required	<p>Crysvita® J0584</p> <p>Luxturna™ J3398</p> <p>Onpattro™ J0222</p> <p>Radicava® J1301</p>																																																											

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		Reblozyl® J0896 Soliris® J1300 Spinraza™ J2326 Ultomiris™ J1303 Zolgensma® J3399			
Injectable medications– Step therapy	Prior authorization required	Colony-Stimulating Factors J1442 J1447 Q5108 Q5110 Q5120 Erythropoiesis-Stimulating Agents J0881 J0885* Hyaluronic Acid Polymers (FDA approved as medical devices) J7320 J7321 J7322 J7323 J7324 J7326 J7327 J7329 J7331 J7332 J7333 Immunomodulators J1745 Q5121			
Injectable medications– Plan exclusions: None		*For code J0885, prior authorization is required for Procrit only (does not include Epogen).			
Inpatient admissions	Notification required				
Inpatient admissions: Acute inpatient rehabilitation (AIR)/ long-term acute care (LTAC)/skilled nursing facility (SNF)	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities Note: These plans are excluded from the skilled nursing facility prior authorization requirement: UnitedHealthcare Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP) UnitedHealthcare Nursing Home				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Non-emergency air transport Non-urgent ambulance transportation by air between specified location	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21120	21121	21122	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247		
Orthopedic – spine and joint surgeries	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22222	22224	22532	22533
		22548	22551	22554	22556
		22558	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22864
		22865	22867	22869	22899
		23470	23472	24360	24361
		24362	24363	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27445
		27446	27447	27486	27487
		29866	29867	29868	29914
		29915	29916	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63051	63055
		63056	63064	63075	63077
		63081	63085	63087	63090
		63101	63102	63170	63172
		63173	63180	63182	63185
		63190	63191	63194	63195
		63196	63197	63198	63199
		63200	0200T	0201T	J7330

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics	Prior authorization is required for orthotics with a retail purchase or a cumulative rental cost of more than \$1,000.	L0112	L0140	L0150	L0170
		L0200	L0220	L0452	L0462
		L0464	L0466	L0468	L0480
		L0482	L0484	L0486	L0622
		L0623	L0624	L0629	L0631
		L0632	L0634	L0636	L0638
		L0700	L0710	L0810	L0820
		L0830	L0859	L0999	L1000
		L1001	L1005	L1200	L1300
		L1310	L1499	L1630	L1640
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1834
		L1844	L1904	L1920	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2040	L2050	L2060	L2070
		L2080	L2090	L2126	L2136
		L2232	L2320	L2387	L2520
		L2525	L2526	L2627	L2628
		L2800	L2861	L3160	L3201
		L3202	L3203	L3204	L3206
		L3207	L3208	L3209	L3211
		L3212	L3213	L3214	L3215
		L3250	L3251	L3252	L3253
		L3254	L3255	L3257	L3265
		L3320	L3485	L3649	L3674
		L3720	L3764	L3765	L3766
		L3891	L3900	L3901	L3904
		L3921	L3956	L3961	L3967
		L3971	L3973	L3975	L3976
L3977	L3978	L4000	L4030		
L4040	L4045	L4050	L4055		
		L4631			

Out-of-network services
A recommendation from a network physician or health care provider to a hospital, physician or other health care provider who isn't contracted with Medica HealthCare and/or Preferred Care Partners.

Note: Your agreement with Medica HealthCare or Preferred Care Partners may include restrictions on directing members outside of the network. Your patients who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.
Advance notification is required for Medica HealthCare and Preferred

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Out-of-network services (continued)	<u>Care Partners) members when:</u> A network physician or health care professional directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan doesn't include benefits for out-of-network services. Or, you want to request in-network cost sharing or a benefit level because there are no available in-network care providers for the type of specialty services needed.				
Physical therapy/ occupational therapy Outpatient rehabilitation services provided by a physical therapist or an occupational therapist, whether provided at home or on an ambulatory basis	All requests for physical therapy and occupational therapy at home or on an ambulatory basis should be directed to a health plan contracted vendor. For more information, please call the number on the member's health plan ID card.				
Potentially unproven services – including experimental and investigational (and/or linked services) Services, including medications, determined not to be effective for treatment of a medical condition Services determined not to have a beneficial effect on health outcomes due to: <ul style="list-style-type: none"> • Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials • Cohort studies in the prevailing published peer-reviewed medical literature 	Prior authorization required	28890 64744	36514 66180	64405 95965	64722 95966

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics	Prior authorization required for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000.	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5700
		L5701	L5702	L5703	L5707
		L5724	L5726	L5728	L5780
		L5781	L5782	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5930	L5960	L5961	L5966
		L5968	L5973	L5979	L5980
		L5981	L5987	L5988	L5990
		L6000	L6010	L6020	L6026
		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	L6624	L6638
		L6646	L6648	L6693	L6696
		L6697	L6707	L6709	L6712
		L6713	L6714	L6715	L6721
		L6722	L6880	L6881	L6882
		L6883	L6884	L6885	L6895
		L6900	L6905	L6910	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
L7170	L7180	L7181	L7185		
L7186	L7190	L7191	L7499		
L8035	L8039	L8041	L8042		
L8043	L8044	L8049	L8499		
L8505	L8604	L8609	L8699		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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 services	Prior authorization no longer required				
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery with laser-assisted uvulopalatoplasty (LAUP). Applies only for surgical sleep apnea procedures – not sleep studies.	21685 42145	41512	41530	41599
Stimulators Implantation of a device that sends electrical impulses Plan exclusions: None	Prior authorization required All requests for devices should be directed to a health plan contracted vendor. For more information, please call the number on the member's health plan ID card.	Bone Growth Stimulator E0747 E0748 E0749 E0760 Neurostimulator 61850 61863 61864 61867 61868 61885 61886 63650 63655 63685 64555 64568 64590			
Therapeutic radiology services	Prior authorization no longer required				
Transplant of tissue or organs Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation	Prior authorization required Request for transplant or transplant-related services prior to pre-treatment or evaluation	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the Optum Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card. Bone Marrow Harvest 38240 38241 38242 Evaluation for Transplant 99205 Heart 33940 33944 33945 Heart/Lung 33930 33935 Intestine 44132 44133 44135 44136 Kidney 50300 50320 50323 50340 50360 50365 50370 50380			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant of tissue or organs (continued)		50547			
		Liver			
		47135	47143	47147	
		Lung			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		Pancreas			
		48551	48552	48554	
		Services Related to Transplants			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232*	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		CAR-T Cell Therapy			
	0537T	0538T	0539T	0540T	
	Q2041	Q2042			
		*Code 38232 will only require prior authorization for an oncology diagnosis			
Vein procedures	Prior authorization required	36473	36475	36478	
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		37718	37722	37780	
Ventricular assist devices (VAD)		Please call the Optum VAD Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33975	33976	33979	33981
		33982	33983	33927	33928
		33929			



