

# Prior Authorization Requirements for Medica HealthCare and Preferred Care Partners of Florida

## Effective Jan. 1, 2021

### 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 app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:**
  - **Medica HealthCare:** 866-273-9444
  - **Preferred Care Partners:** 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 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 request for the following groups can be submitted on the WellMed provider portal at <a href="https://eprg.wellmed.net">https://eprg.wellmed.net</a> or call <b>877-299-7213</b> from 8 a.m. to 5 p.m., EST, 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		
<b>Behavioral health services</b>	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		
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Breast reconstruction – non-mastectomy</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	11920	11921	11922	19316
		19318	19325	19328	19330
		19340	19342	19350	19357
		19361	19364	19367	19368
		19369	19370	19371	19380
		19396	L8600		
		<b>Notification or prior authorization is <u>not</u> required for the following diagnosis codes:</b>			
		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		
D05.82	D05.91	D05.92	Z85.3		
Z90.10	Z90.11	Z90.12	Z90.13		
Z42.1					

**Cancer Supportive Care**

Prior authorization required for colony-stimulating factor drugs and bone-modifying agent(s) administered in an outpatient setting for a cancer diagnosis  
 \*Codes J1442, J1447, Q5108, Q5110 and Q5120 also require prior authorization for non-oncology DX. See Injectable medications section below.

**Injectable colony-stimulating factor drugs that require prior authorization:**

**Filgrastim (Neupogen®)**

J1442\*

**Filgrastim-aafi (Nivestym™)**

Q5110\*

**Filgrastim-sndz (Zarxio®)**

Q5101

**Pegfilgrastim (Neulasta®)**

J2505

**Pegfilgrastim-bmez (Ziextenzo®)**

Q5120\*

**Pegfilgrastim-cbqv (UDENYCA™)**

Q5111

**Pegfilgrastim-jmdb (Fulphila™)**

Q5108\*

**Sargramostim (Leukine®)**

J2820

**Tbo-filgrastim (Granix®)**

J1447\*

**Bone-modifying agent that requires prior authorization:**

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

**Denosumab (Xgeva®)**

J0897

For prior authorization, please submit requests online by using 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. Or, call **888-397-8129**.

<b>Cardiology services</b>	Prior authorization no longer required
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**Cardiovascular**

Prior authorization required.

<b>Cardiology</b>			
<b>Vascular</b>			
93653	93656		
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
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



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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		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>Chemotherapy services</b>	Notification 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 notification:</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> <p>For notification, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call <b>888-397-8129</b>.</p>			
<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69714	69715	69718	69930
A medical device, including a 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		L8614	L8619	L8690	L8691
		L8692			
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960	11971	15820	15821
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	Advance notification required for inpatient or outpatient services	15822	15823	15830	15847
		17106	17107	17108	17999
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21248	21249
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21255	21256	21260	21261
		21263	21267	21268	21275
		21299	21740	21742	21743
		28344	30540	30545	30560
		30620	31295	31296	31297
		31298	67900	67901	67902
		67903	67904	67906	67908
		67909	67912	67950	67961
		67966	Q2026		
<b>Durable medical equipment (DME)</b>	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.				
<b>End-stage renal disease/dialysis services</b>	Advance notification is required if a member is referred to an out-of-network provider for dialysis services. Using an in-network	To enroll or refer a Medicare member to the Kidney Resource Service, please call <b>866-561-7518</b> .			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>End-stage renal disease/dialysis services (continued)</b> Services for the treatment of end-stage renal disease (ESRD) require advance notification, which includes outpatient dialysis services	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.  <b>Note:</b> Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.				
<b>Gender dysphoria treatment</b>	Prior authorization required	<b>Notification or prior authorization required for the following regardless of diagnosis code:</b> 55970      55980			
		<b>Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:</b>			
		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
<b>Home health care services</b>	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.				
<b>Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures</b>	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Hysterectomy (vaginal) – inpatient only</b>	No prior authorization required for outpatient vaginal hysterectomies	58260	58262	58263	58267
		58270	58275	58280	58290
		58291	58292	58294	
<b>Injectable medications</b>	Prior authorization required	<b>Crysvita®</b> J0584 <b>Luxturna™</b> J3398 <b>Onpattro™</b> J0222 <b>Radicava®</b>			

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

J1301  
**Reblozyl®**  
 J0896  
**Soliris®**  
 J1300  
**Spinraza™**  
 J2326  
**Temporary and Unclassified codes\*\***  
 C9399            J3490            J3590  
**Tepezza®**  
 J3241  
**Therapeutic Radiopharmaceuticals\***  
 A9513            A9590            A9606            A9699  
**Ultomiris™**  
 J1303  
**Zolgensma®**  
 J3399

\*For prior authorization, please submit requests online by using 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. Or, call **888-397-8129**.

\*\*For Temporary and Unclassified codes C9399, J3490 and J3590, prior authorization is only required for **Scenссе®** and **Uplizna®**

Injectable medications – Step therapy	Prior authorization required	
		<b>Colony-stimulating factors**</b>
		C9399***    J1442**    J1447**    J3490***
		J3590***    Q5108**    Q5110**    Q5120
		<b>Erythropoiesis-stimulating agents</b>
		J0881            J0885*
		<b>Hyaluronic acid polymers</b>
		<b>(FDA approved as medical devices)</b>
		J7320            J7321            J7322            J7323
		J7324            J7326            J7327            J7329
		J7331            J7332            J7333            J2778
		<b>Immunomodulators</b>
		J1745            Q5121
		<b>Vascular Endothelial Growth Factor (VEGF) Inhibitors</b>
		J0178            J0179            J2503
		*For code J0885 prior authorization is required for Procrit only (does not include Epogen)
		**For codes J1442, J1447, Q5108 and Q5110, prior authorization is required for both oncology and non-oncology DX.
		For oncology DX, please see Cancer supportive care section above.
		***For Temporary and Unclassified codes C9399, J3490 and J3590, prior authorization is only required for <b>Nyvepria™</b> (pegfilgrastim-apqf)



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Inpatient admissions</b>	Notification required				
<b>Inpatient admissions: Acute inpatient rehabilitation (AIR)/long-term acute care (LTAC)/skilled nursing facility (SNF)</b>	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul> <p><b>Note:</b> These plans are excluded from the skilled nursing facility prior authorization requirement:</p> <p>UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)</p> <p>UnitedHealthcare® Nursing Home</p>				
<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified location	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21120 21125 21143 21150 21159 21194 21199 21240 21246	21121 21127 21145 21151 21160 21195 21206 21242 21247	21122 21141 21146 21154 21188 21196 21210 21244	21123 21142 21147 21155 21193 21198 21215 21245
<b>Orthopedic – spine and joint surgeries</b>	Prior authorization required	22100 22112 22210 22222 22595 22630 22804 22818 22850 22861 22869 24360 27120 27132 27412 27486 29868 63001 63012 63020	22101 22114 22212 22224 22600 22633 22808 22819 22852 22864 22899 24361 27122 27134 27445 27487 29914 63003 63015 63030	22102 22206 22214 22558 22610 22800 22810 22830 22855 22865 23470 24362 27125 27137 27446 29866 29915 63005 63016 63040	22110 22207 22220 22590 22612 22802 22812 22849 22856 22867 23472 24363 27130 27138 27447 29867 29916 63011 63017 63042



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthopedic – spine and joint surgeries (continued)		63045	63046	63047	63050
		63051	63055	63056	63064
		63075	63077	63081	63085
		63087	63090	63101	63102
		63170	63172	63173	63185
		63190	63191	63194	63195
		63196	63197	63198	63199
		63200	0200T	0201T	J7330
Orthotics	Prior authorization 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**

**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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<p><b>Out-of-network services (continued)</b>            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.</p>	<p>professionals or facilities may have increased out-of-pocket expenses or no coverage.</p> <p><b><u>Advance notification is required for Medica HealthCare and Preferred Care Partners members when:</u></b>            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.</p> <p>Or, you want to request in-network costs sharing or benefit level because there are no available in-network care providers for the type of specialty services needed.</p>				
<p><b>Physical therapy/occupational therapy</b>            Outpatient rehabilitation services provided by a physical therapist or an occupational therapist, whether provided at home or on an ambulatory basis</p>	<p>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.</p>				
<p><b>Potentially unproven services – including experimental and investigational (and or linked services)</b>            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:</p> <ul style="list-style-type: none"> <li>• Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials</li> <li>• Cohort studies in the prevailing published peer-reviewed medical literature</li> </ul>	<p>Prior authorization required</p>	<p>28890 64744</p>	<p>36514 66180</p>	<p>64405 95965</p>	<p>64722 95966</p>
<p><b>Prosthetics</b></p>	<p>Prior authorization required for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000</p>	<p>L5010 L5100 L5200 L5250 L5312 L5400 L5510 L5540 L5585 L5610 L5616 L5651 L5701 L5724 L5781</p>	<p>L5020 L5105 L5210 L5270 L5321 L5420 L5520 L5560 L5590 L5611 L5639 L5681 L5702 L5726 L5782</p>	<p>L5050 L5150 L5220 L5280 L5331 L5500 L5530 L5570 L5595 L5613 L5643 L5683 L5703 L5728 L5795</p>	<p>L5060 L5160 L5230 L5301 L5341 L5505 L5535 L5580 L5600 L5614 L5649 L5700 L5707 L5780 L5814</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (continued)</b>		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	
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Radiology services</b>	Prior authorization no longer required				
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sleep apnea procedures and surgeries</b> 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 – <b>not</b> sleep studies.	21685 42145	41512	41530	41599
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required  All requests for devices should be directed to a health plan contracted	E0747	<b>Bone Growth Stimulator</b> E0748 E0749		E0760
			<b>Neurostimulator</b>		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Stimulators (continued)</b>	vendor. For more information, please call the number on the member's health plan ID card.	61850 61868 63655 64590	61863 61885 63685	61864 61886 64555	61867 63650 64568
<b>Therapeutic radiology services</b>	Prior authorization no longer required				
<b>Transplant of tissue or organs</b> 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	<p>For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the Optum Transplant Case Management Team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.</p> <p><b>Bone marrow harvest</b> 38240      38241      38242</p> <p><b>Evaluation for transplant</b> 99205</p> <p><b>Heart</b> 33940      33944      33945</p> <p><b>Heart/lung</b> 33930      33935</p> <p><b>Intestine</b> 44132      44133      44135      44136</p> <p><b>Kidney</b> 50300      50320      50323      50340 50360      50365      50370      50380 50547</p> <p><b>Liver</b> 47135      47143      47147</p> <p><b>Lung</b> 32850      32851      32852      32853 32854      32856      S2060      S2061</p> <p><b>Pancreas</b> 48551      48552      48554</p> <p><b>Services related to transplants</b> 32855      33933      38208      38209 38210      38212      38213      38214 38215      38232*      44137      44715 44720      44721      47133      47140 47141      47142      47144      47145 47146      50325      S2152</p> <p><b>CAR-T Cell Therapy</b> 0537T      0538T      0539T      0540T C9399**      J3490**      J3590**      J9999** Q2041      Q2042</p> <p>*Code 38232 will only require prior authorization for an oncology diagnosis **For unclassified codes C9399, J3490, J3590 and J9999 prior authorization is only required for Tecartus™</p>			
<b>Vein procedures</b> 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	Prior authorization required	36473 37718	36475 37722	36478 37780	37700

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Ventricular assist devices (VAD)</b>	A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Please call the Optum VAD Case Management Team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		33975	33976	33979	33981
		33982	33983	33927	33928
		33929			