

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

Effective Oct. 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 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 tile on your Provider Portal 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			
<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	
<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			
<b>Cancer Supportive Care</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent(s) administered in an	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b> <b>Filgrastim (Neupogen®)</b> J1442*			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
<b>Cancer Supportive Care (continued)</b>	outpatient setting for a cancer diagnosis <i>*Codes J1442, J1447, Q5108, Q5110, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.</i>	<b>Filgrastim-aafi (Nivestym™)</b> Q5110*	
		<b>Filgrastim-sndz (Zarxio®)</b> Q5101	
		<b>Pegfilgrastim (Neulasta®)</b> J2505	
		<b>Pegfilgrastim-apgf (Nyvepria™)</b> Q5122*	
		<b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120*	
		<b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111	
		<b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*	
		<b>Sargramostim (Leukine®)</b> J2820	
		<b>Tbo-filgrastim (Granix®)</b> J1447*	
		<b><u>Bone-modifying agent that requires prior authorization:</u></b>	
		<b>Denosumab (Prolia®, Xgeva®)</b> J0897	
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your UProvider Portal dashboard. Or, call <b>888-397-8129</b> .	

**Cardiology services** Prior authorization no longer required

**Cardiovascular** Prior authorization is required

		<b>Cardiology</b>	
		<b>Vascular</b>	
93653	93656		
37220	37221	37224	37225
37226	37227	37228	37229
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		170.238	170.239	170.241	170.242
		170.243	170.244	170.245	170.248
		170.249	170.25	170.261	170.262
		170.263	170.268	170.269	170.291
		170.292	170.293	170.298	170.299
		170.301	170.302	170.303	170.308
		170.309	170.311	170.312	170.313
		170.318	170.319	170.321	170.322
		170.323	170.329	170.331	170.332
		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.391	170.392	170.393
		170.399	170.401	170.402	170.403
		170.408	170.409	170.411	170.412
		170.413	170.418	170.421	170.422
		170.423	170.428	170.429	170.431
		170.432	170.433	170.434	170.435
		170.438	170.439	170.441	170.442
		170.443	170.444	170.445	170.448
		170.449	170.461	170.462	170.463
		170.468	170.469	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		170.621	170.622	170.623	170.628
		170.629	170.631	170.632	170.633
		170.634	170.635	170.638	170.639
		170.641	170.642	170.643	170.644
	170.645	170.648	170.649	170.661	
	170.662	170.663	170.668	170.669	
	170.691	170.692	170.693	170.698	
	170.699	170.701	170.702	170.703	
	170.708	170.709	170.711	170.712	
	170.713	170.718	170.719	170.721	
	170.722	170.723	170.728	170.729	

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

<b>Cartilage Implants</b>	Prior authorization required	27415	27416
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<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>

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cochlear implants and other auditory implants</b> 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	69715	69718	69930
		L8614	L8619	L8690	L8691
		L8692			
<b>Cosmetic and reconstructive procedures</b> Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
	Advance notification is required for inpatient or outpatient services.	15877	15878	15879	17106
		17107	17108	17999	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21248	21249	21255
		21256	21260	21261	21263
		21267	21268	21275	21299
		21740	21742	21743	28344
		30540	30545	30560	30620
		31295	31296	31297	31298
		31299	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> 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. <b>Note:</b> Your agreement with	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>	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 is required for the following regardless of diagnosis code:</b> 55970      55980			
		<b>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:</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 is 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>Evkeeza™</b> J1305			
		<b>Luxturna™</b> J3398			
		<b>Onpattro™</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J0222			
		<b>Oxlumo™</b>			
		J0224			
		<b>Radicava®</b>			
		J1301			
		<b>Reblozyl®</b>			
		J0896			
		<b>Scenesse®</b>			
		J7352			
		<b>Soliris®</b>			
		J1300			
		<b>Spinraza™</b>			
		J2326			
		<b>Tepezza®</b>			
		J3241			
		<b>Therapeutic Radiopharmaceuticals*</b>			
		A9513	A9590	A9606	A9699
		<b>Ultomiris™</b>			
		J1303			
		<b>Uplizna®</b>			
	J1823				
	<b>Zolgensma®</b>				
	J3399				

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Injectable medications—Step therapy	Prior authorization required	<b>Colony-Stimulating Factors**</b>			
		J1442	J1447	Q5108	Q5110
		Q5120	Q5122		
		<b>Erythropoiesis-Stimulating Agents</b>			
		J0881	J0885*		
		<b>Hyaluronic Acid Polymers (FDA approved as medical devices)</b>			
		J7320	J7321	J7322	J7323
		J7324	J7326	J7327	J7329
		J7331	J7332		
		<b>Immunomodulators</b>			
		J1745	Q5121		
		<b>Vascular Endothelial Growth Factor (VEGF) Inhibitors***</b>			
		J0178	J0179	J2503	J2778

\*For code J0885, prior authorization is required for Procrit only (does not include Epogen).

\*\*For codes J1442, J1447, Q5108 and Q5110, prior authorization is



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications– Step therapy (continued)</b>		required for both oncology and non-oncology DX. ***VEGF Inhibitors only require prior authorization with the following diagnosis codes:			
		H35.3210	H35.3211	H35.3212	H35.3213
		H35.3220	H35.3221	H35.3222	H35.3223
		H35.3230	H35.3231	H35.3232	H35.3233
		H35.3290	H35.3291	H35.3292	H35.3293
<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> <ul style="list-style-type: none"> <li>• UnitedHealthcare Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)</li> <li>• UnitedHealthcare Nursing Home</li> </ul>	naviHealth manages prior authorization for in-scope membership. <b>Phone: 855-851-1127</b> <b>Fax: 844-244-9482</b>			
<b>Non-emergency air transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
Non-urgent ambulance transportation by air between specified location					
<b>Orthognathic surgery</b>	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		
<b>Orthopedic – spine and joint surgeries</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22222	22224	22532	22533

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthopedic – spine and joint surgeries (continued)		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	24365	25441
		25442	25444	25446	25449
		27120	27122	27125	27130
		27132	27134	27137	27138
		27412	27445	27446	27447
		27486	27487	27700	29834
		29837	29838	29840	29844
		29845	29846	29847	29866
		29867	29868	29891	29892
		29894	29895	29897	29898
		29899	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	63185
		63190	63191	63194	63195
		63196	63197	63198	63199
		63200	0200T	0201T	J7330
	Orthotics	Prior authorization is required for orthotics with a retail purchase or a cumulative rental cost of more than \$1,000.	L0112	L0140	L0150
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics (continued)</b>		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 Care Partners) members when:**

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Out-of-network services (continued)</b>	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.				
<b>Pain Management</b>	Prior authorization required	62350 62362	62351	62360	62361
<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	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.				
<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:	Prior authorization required	28890 64744	36514 66180	64405 95965	64722 95966
<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>					
<b>Prostate Procedures</b>	Prior authorization required	52441	52442	55874	
<b>Prosthetics</b>	Prior authorization required for prosthetics	L5010 L5100	L5020 L5105	L5050 L5150	L5060 L5160

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (continued)</b>	with a retail purchase or a cumulative rental cost of more than \$1,000.	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		
<b>Proton beam therapy</b>	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
tiny particles with a positive charge					
<b>Radiology services</b>	Prior authorization no longer required				
<b>Rhinoplasty</b>	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
<b>Site of service (SOS) – Outpatient hospital</b>	Prior authorization is only required when requesting service in an outpatient hospital setting	<b>Breast Lesion/Cyst/Tumor Removal</b>			
		19125			
		<b>Carpal Tunnel Surgery</b>			
		29848			
	Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Corneal Transplant</b>			
		65756			
		<b>Cystoscopy</b>			
		52000	52001	52005	52007
		52204	52214		
		<b>Deviated Septum Repair</b>			
		30520			
		<b>Fractured Arm</b>			
		23615	23630	24515	24516
		24665	24666	25545	25605
		25606	25607	25608	25609
		<b>Glaucoma Procedures</b>			
		65820	66170		
		<b>Hernia Repair</b>			
		49505	49521	49525	49550
		49553	49570	49572	49585
		49587	49650	49651	49652
		49653	49654	49655	49656
		<b>Knee Arthroscopy</b>			
		29870	29874	29875	29876
		29877	29879	29880	29881
		29888			
		<b>Other Bladder Surgeries</b>			
		51720	51728	51729	52287
		52300	52310	52315	52330
		52332	52341	52344	52351
		52354	52356	53445	
		<b>Other Female Genital Surgeries</b>			
		57240	57260	57288	58558
		<b>Other Foot/Toe Surgeries</b>			
		28120	28285	28288	28291
		28296			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (continued)		<b>Other Male Genital Surgeries</b>			
		55040			
		<b>Other Nervous System Surgeries</b>			
		64718	64721		
		<b>Other Prostate Surgeries</b>			
		52630	55700		
		<b>Other Therapeutic Procedures of the Muscle/Tendon</b>			
		23430	26055	26123	
		<b>Other Urethra Surgeries</b>			
		52275	52276	52281	52282
		52285			
		<b>Percutaneous Vertebral Augmentation</b>			
		22514			
		<b>Removal of Bladder Tumors</b>			
		52224	52234	52235	
		<b>Removal of Kidney Stones</b>			
		50590			
		<b>Shoulder Arthroscopy</b>			
		29823	29824	29827	29828
		<b>Skin Graft</b>			
		14040	14060	14301	15100
		15120	15220	15240	15260
		<b>Treatment/Removal of Bladder Stones</b>			
	52320	52325	52352	52353	
	<b>Upper GI Endoscopy - Esophagus / Stomach / Small Intestine</b>				
	43235	43236	43237	43238	
	43239	43240	43241	43242	
	43245	43247	43248	43249	
	43250	43251	43253	43254	
	43255	43259			
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41512	41530	41599
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery with laser-assisted uvulopalatoplasty (LAUP).	42145			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Sleep apnea procedures and surgeries (continued)</b>	Applies only for surgical sleep apnea procedures – <b>not</b> sleep studies.				
<b>Spinal Surgery</b>	Prior authorization required	20930 22858	20931	20939	22854
<b>Stimulators</b>	Prior authorization required	<b>Bone Growth Stimulator</b>			
Implantation of a device that sends electrical impulses	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.	E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		61850	61863	61864	61867
		61868	61885	61886	63650
		63655	63685	64555	64568
		64590	L8682	L8683	
<b>Therapeutic radiology services</b>	Prior authorization no longer required				
<b>Transplant of tissue or organs</b>	Prior authorization required	<b>For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi®, Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) 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.</b>			
Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation	Request for transplant or transplant-related services prior to pre-treatment or evaluation	<b>Bone Marrow Harvest</b>			
		38240	38241	38242	
		<b>Evaluation for Transplant</b>			
		99205			
		<b>Heart</b>			
		33940	33944	33945	
		<b>Heart/Lung</b>			
		33930	33935		
		<b>Intestine</b>			
		44132	44133	44135	44136
		<b>Kidney</b>			
		50300	50320	50323	50340
		50360	50365	50370	50380
		50547			
		<b>Liver</b>			
		47135	47143	47147	
		<b>Lung</b>			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		<b>Pancreas</b>			
48551	48552	48554			
<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			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant of tissue or organs (continued)</b>		<b>CAR-T Cell Therapy</b>			
		0537T	0538T	0539T	0540T
		C9081**	J3490**	J3590**	J9999**
		Q2041	Q2042	Q2053	Q2054
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		**For temporary and unclassified codes C9081, J3490, J3590 and J9999 prior authorization is only required for Abecma®			
<b>Vein procedures</b>	Prior authorization required	37243	37700	37718	37722
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		37780	37799		
<b>Ventricular assist devices (VAD)</b>		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.			
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			

