

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

## Effective October 1, 2019

### 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) – Group 77700, 77701; Medica HealthCare Plans MedicareMax Plus (HMO SNP) – Group 77702, 77703, 77704

Preferred Care Partners: Preferred Choice Broward HMO – Group 78601; Preferred Choice Dade (HMO) – Group 78600; Preferred Choice Palm Beach (HMO) – Group 78606; Preferred Medicare Assist (HMO SNP) – Group 78602, 78603, 78609; Preferred Medicare Assist Palm Beach (HMO SNP) – Group 78607, 78608, 78610; Preferred Special Care Miami-Dade (HMO SNP) – Group 78605, Preferred Complete Care (HMO) – Group 78611

#### WellMed Plans – How to Obtain Prior Authorization

Prior authorization request for the following groups can be submitted on the WellMed provider portal at <https://eprg.wellmed.net> or call **877-299-7213** 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

<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	19324	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19366
		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			

**Cardiology services**

Prior authorization no longer required

**Cardiovascular**

Prior authorization required for lower extremities angiogram.

In Iowa, this change will be effective Dec. 1, 2019.

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

**Cardiovascular (cont'd)**

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
170.731	170.732	170.733	170.734
170.735	170.738	170.739	170.741
170.742	170.743	170.744	170.745
170.748	170.749	170.761	170.762
170.763	170.768	170.769	170.791
170.792	170.793	170.798	170.799
170.8	170.90	170.91	170.92
172.3	172.4	172.8	172.9
173.89	173.9	174.3	174.4
174.5	174.8	174.9	175.021
175.022	175.023	175.029	175.89
177.1	177.2	177.70	177.72
177.77	177.79	196	L03.115
L03.116	L97.319	L97.329	L97.419

**Cardiovascular (cont'd)**

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

**Chemotherapy services** Prior authorization no longer required

<b>Cochlear implants and other auditory implants</b> 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	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
	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
		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			

**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.

To enroll or refer a Medicare member to the Kidney Resource Service, please call **866-561-7518**.

<b>End-stage renal disease/dialysis services (cont'd)</b>	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	19304
		20926	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
	Out-of-network or claims submitted by non-participating care providers without a pre-determination will be reviewed for medical necessity following the service and before payment.	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
	Out-of-network or claims submitted by non-participating care providers without a pre-determination will be reviewed for medical necessity following the service and before payment.	58291	58292	58293	58294
<b>Injectable medications</b>	Prior authorization required	<b>Crysvita®</b>			
<b>Plan exclusions: None</b>		J0584			
		<b>Erythropoiesis-Stimulating agents</b>			
		J0881	J0885		
		<b>Hyaluronic Acid Polymers (FDA approved as medical devices)</b>			
		J7320	J7321	J7322	J7323

<b>Injectable medications (cont'd)</b>	J7324	J7326	J7327	J7329
	<b>Immunomodulators</b>			
	J1745			
	<b>Luxturna™</b>			
	J3398			
	<b>Onpattro™</b>			
	J0222			
	<b>Radicava®</b>			
	J1301			
	<b>Soliris®</b>			
	J1300			
	<b>Spinraza™</b>			
	J2326			
	<b>Ultomiris™</b>			
J1303				
<b>Unclassified codes*</b>				
C9399	J3490	J3590		

\* For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Zolgensma®.

<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:  UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)  UnitedHealthcare® Nursing Home</p>				
<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
Treatment of maxillofacial/jaw functional impairment		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

<b>Orthopedic – spine and joint surgeries (cont'd)</b>		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	
	<b>Orthotics</b>	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			

<b>Orthotics (cont'd)</b>	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 benefits for out-of-network services.

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.

**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:

Insufficient and inadequate clinical evidence from well-

Prior authorization required	28890	36514	64405	64722
	64744	66180	95965	95966



conducted randomized  
 controlled trials  
 Cohort studies in the prevailing  
 published peer-reviewed  
 medical literature

<b>Prosthetics</b>	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		

<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 vendor. For more information, please call the number on the member's health plan ID card.	E0747 61850 61868 63655 64590	<b>Bone Growth Stimulator</b> E0748  <b>Neurostimulator</b> 61863 61885 63685	E0749  61864 61886 64555	E0760  61867 63650 64568
<b>Plan exclusions: None</b>					
<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	<b>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.</b>			
		<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>			

<b>Transplant of tissue or organs (cont'd)</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	
		<b>CAR-T Cell Therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
<b>Vein procedures</b>	Prior authorization required	36473	36475	36478	37700
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	
<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			