

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

## Effective May 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 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 |

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| Procedures and Services  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization     |  |  |  |
|--|---|--|--|--|--|
| <b>Bone growth stimulator</b><br>Electronic stimulation or ultrasound to heal fractures                        | Prior authorization required                                  | 20974  | 20975  | 20979  |  |
| <b>Breast reconstruction – non-mastectomy</b><br>Reconstruction of the breast except when following mastectomy | Prior authorization required                                  | 11920<br>19318<br>19330<br>19357<br>19367<br>19371               | 11921<br>19324<br>19340<br>19361<br>19368<br>19380 | 11922<br>19325<br>19342<br>19364<br>19369<br>19396 | 19316<br>19328<br>19350<br>19366<br>19370<br>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>Cardiology services</b>   | Prior authorization no longer required                        |  |  |  |  |
| <b>Cardiovascular</b>  | Prior authorization required for lower extremities angiogram. | 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  |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |         |         |         |
|-------------------------|------------------------|--|---------|---------|---------|
| Cardiovascular (cont'd) |                        | I70.318  | I70.319 | I70.321 | I70.322 |
|                         |                        | I70.323  | I70.329 | I70.331 | I70.332 |
|                         |                        | I70.333  | I70.334 | I70.335 | I70.338 |
|                         |                        | I70.339  | I70.341 | I70.342 | I70.343 |
|                         |                        | I70.344  | I70.345 | I70.348 | I70.349 |
|                         |                        | I70.35   | I70.361 | I70.362 | I70.363 |
|                         |                        | I70.369  | I70.391 | I70.392 | I70.393 |
|                         |                        | I70.399  | I70.401 | I70.402 | I70.403 |
|                         |                        | I70.408  | I70.409 | I70.411 | I70.412 |
|                         |                        | I70.413  | I70.418 | I70.421 | I70.422 |
|                         |                        | I70.423  | I70.428 | I70.429 | I70.431 |
|                         |                        | I70.432  | I70.433 | I70.434 | I70.435 |
|                         |                        | I70.438  | I70.439 | I70.441 | I70.442 |
|                         |                        | I70.443  | I70.444 | I70.445 | I70.448 |
|                         |                        | I70.449  | I70.461 | I70.462 | I70.463 |
|                         |                        | I70.468  | I70.469 | I70.491 | I70.492 |
|                         |                        | I70.493  | I70.498 | I70.499 | I70.501 |
|                         |                        | I70.502  | I70.503 | I70.508 | I70.509 |
|                         |                        | I70.511  | I70.512 | I70.513 | I70.518 |
|                         |                        | I70.519  | I70.521 | I70.522 | I70.523 |
|                         |                        | I70.528  | I70.529 | I70.531 | I70.532 |
|                         |                        | I70.533  | I70.534 | I70.535 | I70.538 |
|                         |                        | I70.539  | I70.541 | I70.542 | I70.543 |
|                         |                        | I70.544  | I70.545 | I70.548 | I70.549 |
|                         |                        | I70.561  | I70.562 | I70.563 | I70.568 |
|                         |                        | I70.569  | I70.591 | I70.592 | I70.593 |
|                         |                        | I70.598  | I70.599 | I70.601 | I70.602 |
|                         |                        | I70.603  | I70.608 | I70.609 | I70.611 |
|                         |                        | I70.612  | I70.613 | I70.618 | I70.619 |
|                         |                        | I70.621  | I70.622 | I70.623 | I70.628 |
|                         |                        | I70.629  | I70.631 | I70.632 | I70.633 |
|                         |                        | 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 |         |

| Procedures and Services  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |          |          |          |
|--|---|--|----------|----------|----------|
| <b>Cardiovascular (cont'd)</b>   |   | 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>Chemotherapy services</b>   | Prior authorization no longer required  |  |          |          |          |
| <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    |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function  |   | 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    |          |          |
| <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. |  |          |          |          |

| Procedures and Services  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |                                  |                                  |                         |
|--|---|---|----------------------------------|----------------------------------|-------------------------|
| <b>End-stage renal disease/dialysis services</b><br>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.<br><br>Advance notification isn't required for ESRD when a Medicare member travels outside of the service area.<br><br><b>Note:</b> Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network. | To enroll or refer a Medicare member to the Kidney Resource Service, please call <b>866-561-7518</b> .  |                                  |                                  |                         |
| <b>Gender dysphoria treatment</b>  | Prior authorization required  | <b>Notification or prior authorization required for the following regardless of diagnosis code:</b><br>55970      55980<br><br><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><br>14000      14001      14041      15734<br>15738      15750      15757      15758<br>15775      15776      15780      15781<br>15782      15783      15788      15789<br>15792      15793      19303      21899<br>31599      31899      53410      53420<br>53425      53430      54125      54400<br>54401      54405      54408      54520<br>54660      54690      55175      55180<br>55866      56625      56800      56805<br>57106      57110      57291      57292<br>57295      57296      57335      57426<br>58661      58720      58940      64856<br>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<br>58542<br>58552<br>58571  | 58152<br>58543<br>58553<br>58572 | 58180<br>58544<br>58554<br>58573 | 58541<br>58550<br>58570 |
| <b>Hysterectomy (vaginal) – inpatient only</b>   | No prior authorization required for outpatient vaginal hysterectomies   | 58260<br>58270<br>58291   | 58262<br>58275<br>58292          | 58263<br>58280<br>58293          | 58267<br>58290<br>58294 |
| <b>Injectable medications</b><br><b>Plan exclusions: None</b>  | Prior authorization required  | <b>Crysvita®</b><br>J0584<br><b>Luxturna™</b><br>J3398  |                                  |                                  |                         |

| Procedures and Services  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |       |       |       |
|--|---|---|-------|-------|-------|
| Injectable medications (cont'd)  |   | <b>Onpattro™</b><br>J0222<br><b>Radicava®</b><br>J1301<br><b>Soliris®</b><br>J1300<br><b>Spinraza™</b><br>J2326<br><b>Ultomiris™</b><br>J1303<br><b>Unclassified codes*</b><br>C9399            J3490            J3590<br><i>* For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Zolgensma®.</i>  |       |       |       |
| Injectable medications – Step therapy<br>Plan Exclusions: None   | Prior authorization required  | <b>Colony Stimulating Factors</b><br>J1442 <b>J1447</b> <b>Q5108</b> <b>Q5110</b><br><b>Erythropoiesis-Stimulating agents</b><br>J0881            J0885*<br><b>Hyaluronic Acid Polymers (FDA approved as medical devices)</b><br>J7320            J7321            J7322            J7323<br>J7324            J7326            J7327            J7329<br>J7331            J7332<br><b>Immunomodulators</b><br>J1745<br>Unclassified and temporary codes**<br>C9058            C9399            J3490            J3590<br><i>*For code J0885 prior authorization is required for Procrit only (does not include Epogen)</i><br><i>**For unclassified and temporary codes prior authorization is only required for Avsola™ and Ziextenzo®</i> |       |       |       |
| <b>Inpatient admissions</b>  | Notification required   |   |       |       |       |
| <b>Inpatient admissions: Acute inpatient rehabilitation (AIR)/long-term acute care (LTAC)/skilled nursing facility (SNF)</b> | Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <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> <b>Note:</b> These plans are excluded from the skilled nursing facility prior authorization requirement:<br>UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)<br>UnitedHealthcare® Nursing Home |   |       |       |       |
| <b>Non-emergency air transport</b><br>Non-urgent ambulance transportation by air between specified location                  | Prior authorization required  | A0430   | A0431 | A0435 | A0436 |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|--|--|-------|-------|-------|
| <b>Orthognathic surgery</b><br>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 |       |       |
| <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 |
|   |  | 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 |

| Procedures and Services   | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---------------------------|------------------------|--|-------|-------|-------|
| <b>Orthotics (cont'd)</b> |                        | 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 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**

All requests for physical therapy and occupational therapy at home or on an ambulatory basis should



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

**Physical therapy/occupational therapy (cont'd)**  
 Outpatient rehabilitation services provided by a physical therapist or an occupational therapist, whether provided at home or on an ambulatory basis

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> | Prior authorization required | 28890 | 36514 | 64405 | 64722 |
|  |                              | 64744 | 66180 | 95965 | 95966 |

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-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 |       |       |

| Procedures and Services  | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |   |       |       |
|--|--|--|---|-------|-------|
| <b>Prosthetics (cont'd)</b>  |  | 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><br>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><br>Treatment of nasal functional impairment and septal deviation  | Prior authorization required   | 30400  | 30410   | 30420 | 30430 |
|  |  | 30435  | 30450   | 30460 | 30462 |
|  |  | 30465  |   |       |       |
| <b>Sleep apnea procedures and surgeries</b><br>Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | Prior authorization required<br><br>Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery with laser-assisted uvulopalatoplasty (LAUP).<br><br>Applies only for surgical sleep apnea procedures – <b>not</b> sleep studies. | 21685<br>42145   | 41512   | 41530 | 41599 |
| <b>Stimulators</b><br>Implantation of a device that sends electrical impulses  | Prior authorization required<br><br>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<br>61850<br>61868<br>63655<br>64590  | <b>Bone Growth Stimulator</b><br>E0748 E0749 E0760                                    |       | E0760 |
| <b>Plan exclusions: None</b>   |  |  | <b>Neurostimulator</b><br>61863 61864 61867<br>61885 61886 63650<br>63685 64555 64568 |       |       |
| <b>Therapeutic radiology services</b>  | Prior authorization no longer required   |  |   |       |       |
| <b>Transplant of tissue or organs</b><br>Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation                    | Prior authorization required<br><br>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><br>38240 38241 38242  |   |       |       |
|  |  | <b>Evaluation for transplant</b><br>99205  |   |       |       |

| Procedures and Services  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |        |       |       |
|--|---|---|--------|-------|-------|
| <b>Transplant of tissue or organs (cont'd)</b>   |   | <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 |       |
|  |   | <b>CAR-T Cell Therapy</b>   |        |       |       |
|  |   | 0537T   | 0538T  | 0539T | 0540T |
|  | Q2041   | Q2042   |        |       |       |
|  | *Code 38232 will only require prior authorization for an oncology diagnosis |   |        |       |       |
| <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   |        |       |       |