

# Prior authorization requirements for Preferred Care Network (formerly Medica HealthCare) and Preferred Care Partners of Florida

Effective Jan. 1, 2022

## General information

This list contains prior authorization requirements for Preferred Care Network (formerly 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 button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.
- **Phone:**
  - **Preferred Care Network (formerly 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

#### Preferred Care Network (formerly Medica HealthCare):

Preferred Care Network (formerly Medica HealthCare) MedicareMax (HMO) – Groups 77700, 77701, 98151, 98152

Preferred Care Network (formerly Medica HealthCare) MedicareMax Plus (HMO D-SNP) – Groups, 77705, 77706, 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, 78612, 78614, 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.

Preferred Care Network (formerly Medica HealthCare) MedicareMax (HMO) – Group 98151, 98152  
 Preferred Care Network (formerly Medica HealthCare) MedicareMax Plus (HMO SNP) – Group 90163, 98153, 98154, 98155, 98157

**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 90030, 90061, 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 outpatient setting for a cancer diagnosis *Codes J1442, J1447, Q5108, Q5110, Q5111, and Q5122 also require prior	<b><u>Anti-emetics that require prior authorization:</u></b>			
		<b>Akynzeo® (palonosetron/fosnetupitant)</b>			
		J1454			
		<b>Cinvanti™ (aprepitant)</b>			
		J0185			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cancer Supportive Care (continued)</b>	authorization for non-oncology DX. See Injectable medications section below.	<b>Emend® (fosaprepitant)</b>			
		J1453	-	-	-
		<b>Sustol® (granisetron extended release)</b>			
		J1627			
		<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>			
		<b>Filgrastim (Neupogen®)</b>			
		J1442*			
		<b>Filgrastim-aafi (Nivestym™)</b>			
		Q5110*			
		<b>Filgrastim-sndz (Zarxio®)</b>			
		Q5101			
		<b>Pegfilgrastim (Neulasta®)</b>			
		J2506			
		<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>Trilaciclib (Cosela™)</b>					
J1448					
<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 <b>UHCprovider.com</b> 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> .					
<b>Cardiology services</b>	Prior authorization no longer required				
<b>Cardiovascular</b>	Prior authorization is required				
		93653	93656	<b>Cardiology</b>	
				<b>Vascular</b>	
		37220	37221	37224	37225
		37226	37227	37228	37229
		75710*	75716*		
		*Prior authorization is required for the following diagnosis codes:			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		E08.51	E08.52	E08.59	E08.621
		E09.51	E09.52	E09.59	E09.621
		E10.51	E10.52	E10.59	E10.621
		E11.51	E11.52	E11.59	E11.621
		E13.51	E13.52	E13.59	E13.621
		I70.201	I70.202	I70.203	I70.208
		I70.209	I70.211	I70.212	I70.213
		I70.218	I70.219	I70.221	I70.222
		I70.223	I70.228	I70.229	I70.231
		I70.232	I70.233	I70.234	I70.235
		I70.238	I70.239	I70.241	I70.242
		I70.243	I70.244	I70.245	I70.248
		I70.249	I70.25	I70.261	I70.262
		I70.263	I70.268	I70.269	I70.291
		I70.292	I70.293	I70.298	I70.299
		I70.301	I70.302	I70.303	I70.308
		I70.309	I70.311	I70.312	I70.313
		I70.318	I70.319	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.391	I70.392	I70.393
		I70.399	I70.401	I70.402	I70.403
		I70.408	I70.409	I70.411	I70.412
		I70.413	I70.418	I70.421	I70.422
		I70.423	I70.428	I70.429	I70.431
		I70.432	I70.433	I70.434	I70.435
		I70.438	I70.439	I70.441	I70.442
		I70.443	I70.444	I70.445	I70.448
		I70.449	I70.461	I70.462	I70.463
		I70.468	I70.469	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cardiovascular (continued)</b>		I70.629	I70.631	I70.632	I70.633	
		I70.634	I70.635	I70.638	I70.639	
		I70.641	I70.642	I70.643	I70.644	
		I70.645	I70.648	I70.649	I70.661	
		I70.662	I70.663	I70.668	I70.669	
		I70.691	I70.692	I70.693	I70.698	
		I70.699	I70.701	I70.702	I70.703	
		I70.708	I70.709	I70.711	I70.712	
		I70.713	I70.718	I70.719	I70.721	
		I70.722	I70.723	I70.728	I70.729	
		I70.731	I70.732	I70.733	I70.734	
		I70.735	I70.738	I70.739	I70.741	
		I70.742	I70.743	I70.744	I70.745	
		I70.748	I70.749	I70.761	I70.762	
		I70.763	I70.768	I70.769	I70.791	
		I70.792	I70.793	I70.798	I70.799	
		I70.8	I70.90	I70.91	I70.92	
		I72.3	I72.4	I72.8	I72.9	
		I73.89	I73.9	I74.3	I74.4	
		I74.5	I74.8	I74.9	I75.021	
		I75.022	I75.023	I75.029	I75.89	
		I77.1	I77.2	I77.70	I77.72	
		I77.77	I77.79	I96	L03.115	
		L03.116	L97.319	L97.329	L97.419	
		L97.429	L97.511	L97.512	L97.513	
		L97.519	L97.521	L97.522	L97.529	
		L97.819	L97.828	L97.829	L97.909	
		L97.919	L97.929	L98.491	L98.499	
		M79.604	M79.605	M79.606	M79.609	
		M79.651	M79.652	M79.659	M79.661	
		M79.662	M79.669	M79.671	M79.672	
		M79.673	M79.674	M79.675	M79.676	
		M86.661	M86.662	M86.669	M86.671	
		M86.672	M86.679	M86.8X7	Q27.30	
		Q27.32	Q27.39	Q27.8	Q27.9	
		Q87.2	R93.6	S35.511A	S35.512A	
		S81.801A	S81.802A	S81.809A	S91.301A	
		S91.302A	S91.309A	T82.312A	T82.318A	
		T82.319A	T82.338A	T82.392A	T82.398A	
		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		
	<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> </ul>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Chemotherapy services (continued)</b>		<ul style="list-style-type: none"> <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 <b>UHCprovider.com</b> 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 <b>888-397-8129</b> .			
<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 L8690	69930 L8691	L8614 L8692	L8619
<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  Advance notification is required for inpatient or outpatient services.	11960 15822 15877 17107 21175 21182 21235 21256 21267 21740 30540 31295 31299 67903 67909 67966	11971 15823 15878 17108 21179 21183 21248 21260 21268 21742 30545 31296 67900 67904 67912 Q2026	15820 15830 15879 17999 21180 21184 21249 21261 21275 21743 30560 31297 67901 67906 67950	15821 15847 17106 21172 21181 21230 21255 21263 21299 28344 30620 31298 67902 67908 67961
<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	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>	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 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> J0222			
		<b>Oxlumo™</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		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>Unclassified and Temporary Codes**</b>			
		C9086	C9399	J3490	J3590
		<b>Uplizna®</b>			
	J1823				
	<b>Zolgensma®</b>				
	J3399				

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\*\*For unclassified and temporary codes C9086, C9399, J3490, J3590 prior authorization is only required for Ryplazm®, Saphnelo™

Injectable medications– Step therapy	Prior authorization required	<b>Colony-Stimulating Factors**</b>			
		J1442	J1447	Q5108	Q5110
		Q5111	Q5122		
		<b>Erythropoiesis-Stimulating Agents</b>			
		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	Q5104		
		<b>Rituximab</b>			
		J9311	J9312	Q5123	
		<b>Vascular Endothelial Growth Factor (VEGF) Inhibitors***</b>			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications– Step therapy (continued)</b>		J0178	J0179	J2778	
		*For code J0885, prior authorization is required for Procrit only (does not include Epogen).			
		**For codes J1442, J1447, Q5108 and Q5110, Q5111, Q5122 prior authorization is 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>	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: <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> 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	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
<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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthopedic – spine and joint surgeries (continued)</b>		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	63197	63200
	0200T	0201T	J7330		
<b>Orthotics</b>	Prior authorization is required for orthotics with a retail purchase or a cumulative rental cost of more than \$1,000.	L0112	L0140	L0150	L0170
		L0200	L0220	L0452	L0462
		L0464	L0466	L0468	L0480
		L0482	L0484	L0486	L0622
		L0623	L0624	L0629	L0631
		L0632	L0634	L0636	L0638
		L0700	L0710	L0810	L0820
		L0830	L0859	L0999	L1000
		L1001	L1005	L1200	L1300
		L1310	L1499	L1630	L1640
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1834
		L1844	L1904	L1920	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics (continued)</b>		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 Preferred Care Network (formerly Medica HealthCare) and/or Preferred Care Partners.

**Note:** Your agreement with Preferred Care Network (formerly 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 Preferred Care Network (formerly 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 cost sharing or a benefit level because there are no available in-network care providers for the type of specialty services needed.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<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 with a retail purchase or a cumulative rental cost of more than \$1,000.	L5010 L5100 L5200 L5250 L5312 L5400 L5510 L5540 L5585 L5610 L5616 L5651 L5701 L5724 L5781 L5818 L5828 L5848	L5020 L5105 L5210 L5270 L5321 L5420 L5520 L5560 L5590 L5611 L5639 L5681 L5702 L5726 L5782 L5822 L5830 L5856	L5050 L5150 L5220 L5280 L5331 L5500 L5530 L5570 L5595 L5613 L5643 L5683 L5703 L5728 L5795 L5824 L5840 L5857	L5060 L5160 L5230 L5301 L5341 L5505 L5535 L5580 L5600 L5614 L5649 L5700 L5707 L5780 L5814 L5826 L5845 L5858

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (continued)</b>		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>Site of service (SOS) – Outpatient hospital</b>	Prior authorization is only required when requesting service in an outpatient hospital setting  Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Breast Lesion/Cyst/Tumor Removal</b> 19125  <b>Carpal Tunnel Surgery</b> 29848  <b>Corneal Transplant</b> 65756  <b>Cystoscopy</b> 52000      52001      52005      52007 52204      52214  <b>Deviated Septum Repair</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (continued)		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			
	<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>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – Outpatient hospital (continued)</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
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			
	Applies only for surgical sleep apnea procedures – <b>not</b> sleep studies.				
<b>Spinal Surgery</b>	Prior authorization required	20930	20931	20939	22854
		22858			
<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® (Idelcaptagene 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			

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>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	Q2053	Q2054	
		Q2055				
			*Code 38232 will only require prior authorization for an oncology diagnosis			
	<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				



