Prior authorization requirements

for Preferred Care Network and Preferred Care Partners of Florida

Effective October 1, 2023

General information

This list contains prior authorization requirements for Preferred Care Network 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:
 - Preferred Care Network: 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 2023 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:

MedicareMax (HMO) - Groups: 77700, 77701, 98151, 98152

MedicareMax Chronic (HMO C-SNP) – Groups: 77707, 90215

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 Plan (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

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: MedicareMax (HMO) – Groups: 98151, 98152 MedicareMax Chronic (HMO C-SNP) – Groups: 90215 MedicareMax Plus (HMO D-SNP) – Groups: 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 Plan 1 (HMO D-SNP) – Groups: 99792, 99793, 99796; Preferred Medicare Assist Plan 2 (HMO D-SNP) – Groups: 90030, 90061; Preferred Medicare Assist Palm Beach (HMO SNP) – Group 99798, 99799, 99800; Preferred Special Care Miami-Dade (HMO C-SNP) – Group 99795

Procedures and Services	Additional Information		PCS Codes and/o ain Prior Authoriz			
Behavioral health services	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 can number on the member's health plan ID card to refer for mental health and substance abuse/ substance services.				
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979		
Breast reconstruction-	Prior authorization required	19316	19318	19325	L8600	
econstruction of the reast except when blowing mastectomy		following dia	or prior authoriza gnosis codes:			
, <u> </u>		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 Z42.1	Z90.11	Z90.12	Z90.13	
Cancer Supportive Care	Prior authorization required for colony-stimulating factor	Anti-emetics	s that require pri	or authorization	<u>n:</u>	
	drugs and bone-modifying	Akvnzeo® (r	oalonosetron/fos	netupitant)		
	agent(s) administered in an	J1454		inorapitaint,		
	outpatient setting for a cancer diagnosis	Cinvanti [™] (apropitant)			
	*Codes J1442, J1447,	-	aprepitant)			
	Q5108, Q5110, Q5111, and Q5122 also require prior	J0185 Emand® (for				
	authorization for non-	Emend [®] (fosaprepitant)				
	oncology DX. See Injectable medications section below.	J1453	-	-	-	
	medications section below.	Sustol [®] (gra	anisetron extende	ed release)		
		••••		6		
		Injectable col authorization Filgrastim (N		ractor drugs th	at require prior	
			eupogen			
		J1442*				







Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or
Cancer Supportive Care		How to Obtain Prior Authorization Filgrastim-aafi (Nivestym™)
(continued)		Q5110*
		Filgrastim-sndz (Zarxio [®])
		Q5101
		Pegfilgrastim (Neulasta [®])
		J2506
		Pegfilgrastim-apgf (Nyvepria™)
		Q5122*
		Pegfilgrastim-bmez (Ziextenzo [®])
		Q5120
		Pegfilgrastim-cbqv (UDENYCA™)
		Q5111*
		Pegfilgrastim-jmdb (Fulphila™) Q5108*
		Sargramostim (Leukine [®])
		J2820
		Tbo-filgrastim (Granix [®])
		J1447*
		Trilaciclib (Cosela™)
		J1448
		Bone-modifying agent that requires prior authorization: Denosumab (Prolia [®] , Xgeva [®])
		J0897
		Antiemetic Drugs
		J1456
		Colony Stimulating Factors
		J1449
		Erythropoiesis Stimulating Agents
		J0885
		For prior authorization, 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 UProvider Portal dashboard.
Osudiala ma	Deine authorization d	Or, call 888-397-8129.
Cardiology services	Prior authorization no longer required	
Cardiovascular	Prior authorization is required	Cardiology
		93653 93656
		Vascular
		37220* 37221* 37224* 37225* 37226* 37227* 37228* 37229*
		37230* 37231*
		*Prior authorization is not required for the following
		diagnosis codes:
		E08.52 E09.52 E10.52 E11.52 E13.52 I70.221 I70.222 I70.223
		L10.02 110.221 110.222 110.223







Procedures and Services Additional Information		CPCS Codes		
Cardiovascular	170.228	170.229	170.231	170.232
(continued)	170.223	170.223	170.231	170.238
	170.239	170.241	170.233	170.243
	170.244	170.241	170.242	170.249
	170.25	170.240	170.240	170.263
	170.268	170.269	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	170.421	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	170.521	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	170.621	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
	I70.661	170.662	170.663	170.668
	170.669	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	172.3	172.4	172.8
	172.9	177.2	177.70	177.72
	177.77	177.79	174.3	174.4
	174.5	174.8	174.9	175.021
	175.022	175.023	175.029	175.89
	T82.818A	T82.868A	S81.801A	S81.802A
	S81.809A	S91.301A	S91.302A	S91.309A
	M86.051	M86.052	M86.059	M86.061
	M86.062	M86.069	M86.071	M86.072
	M86.079	M86.08	M86.09	M86.1
	M86.10	M86.151	M86.152	M86.159
	M86.161	M86.162	M86.169	M86.171





United Healthcare

Procedures and Services	Additional Information		CPCS Codes tain Prior Aเ			
Cardiovascular		M86.172	M86.179	M86.18	M86.19	
(continued)		M86.20	M86.251	M86.252	M86.259	
		M86.261	M86.262	M86.269	M86.271	
		M86.272	M86.279	M86.28	M86.29	
		M86.30	M86.351	M86.352	M86.359	
		M86.361	M86.362	M86.369	M86.371	
		M86.372	M86.379	M86.38	M86.39	
		M86.40	M86.451	M86.452	M86.459	
		M86.461	M86.462	M86.469	M86.471	
		M86.472	M86.479	M86.48	M86.49	
		M86.50	M86.551	M86.552	M86.559	
		M86.561	M86.562	M86.571	M86.572	
		M86.579	M86.58	M86.59	M86.60	
		M86.651	M86.652	M86.659	M86.661	
		M86.662	M86.669	M86.671	M86.672	
		M86.679	M86.68	M86.69	M86.8X0	
		M86.8X5	M86.8X6	M86.8X7	M86.8X8	
		M86.8X9	M86.9	196	L03.115	
		L03.116	Q27.30	Q27.32	Q27.39	
		Q27.8	Q27.9	Q87.2	S35.511A	
		S35.512A	T82.312A	T82.318A	T82.319A	
		T82.338A	T82.392A	T82.398A	T82.399A	
		T82.898A 173.81	173.00	173.01	173.1	
Cartilage Implants	Prior authorization required	27415	27416			
	injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis					
Cochlear implants and	Prior authorization required	69714	ortal dashboa 69930		88-397-8129 8614	L8619
other auditory implants A medical device, including those with a surgically implanted portion, within the inner ear and with an		L8690	L8691		8692	20010
external portion to help persons with profound sensorineural deafness to achieve conversational speech						
persons with profound sensorineural deafness to achieve conversational speech Cosmetic and	Prior authorization required	11960	11971	15	820	15821
persons with profound sensorineural deafness to achieve conversational speech	Advance notification is	11960 15822	11971 15823	-	820 830	15821 15847
persons with profound sensorineural deafness to achieve conversational speech Cosmetic and reconstructive	Advance notification is required		15823	-	830	

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Procedures and Services	Additional Information		S Codes and/or		
Cosmotic procedures that	for inpationt or outpatient	How to Obtain	Prior Authoriza		17106
Cosmetic procedures that changeor improve physical	for inpatient or outpatient services.	15877	15878 17108	15879	
appearance, without		-		17999	21172
significantly improving or restoring physiological		21175	21179	21180	21181
function		21182	21183	21184	21230
Reconstructive procedures		21235	21248	21249	21255
that treat a medical condition or improve or		21256	21260	21261	21263
restore physiologic function		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		
equipment (DME) End-stage renal disease/ dialysis services Services for the treatment of end-stage renal disease (ESRD) require advance notification, which includes outpatient dialysis services	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. 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. Note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network. Prior authorization required	To enroll or refe Service, please 866-561-7518.	call		ey Resource
treatment		regardless of d 55970 5 Notification or	iagnosis code: 55980 prior authorizat	ion is required	for the following
		when submitte F64.8, F64.9 or		sis code F64.0,	F64.1, F64.2,
		14000	14001	14041	15734
		15738	15750	15757	15758
		15775	15776	15780	15781
		15782	15783	15788	15789
		15792	15793	19303	21899
		31599	31899	53410	53420
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Procedures and Services	Additional Information	CPT [®] or HCPCS How to Obtain I			
		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
Home health care services Prior Authorization is only required for members residing in and receiving services in Alabama and Georgia	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.	Q5001* *applies to A	Q5002* Iabama only	Q5009*	
Hysterectomy	Prior authorization required	58150	58152	58180	58541
(abdominal and laparoscopic surgeries) –		58542	58543	58544	58550
inpatient and outpatient		58552	58553	58554	58570
procedures Hysterectomy (vaginal) –	No prior is authorization	58571	58572	58573 58263	50067
inpatient only	required for outpatient vaginal	58260 58270	58262 58290	58291	58267 58292
	hysterectomies.	58294	30230	56291	50292
Injectable medications	Prior authorization required*	Aduhelm™ J0172 Amvuttra™ J0225 Botulinim Tox J0585 Briumvi® J2329 Crysvita® J0584 Entyvio™ J3380 Evkeeza™ J1305 Hemgenix® J1411 Immune Glob 90283 J1554 J1558 J1568 J1599	J0586	J0587 CIG) J1459 J1556 J1561 J1572	J0588 J1551 J1557 J1566 J1575
		Injectable Me	dications – U	nclassified**	
		C9151 J3590	C9157	C9399	J3490
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Procedures and Services Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications	Korsuva®
(continued)	J0879
	Krystexxa
	J2507
	Leqembi®
	J0174
	Leqvio®
	J1306 Luxturna™
	J3398
	Nexviazyme®
	J0219
	Ocrevus™
	J2350
	Onpattro™
	J0222
	Orencia™
	J0129
	Oxlumo™
	J0224
	Panzyga®
	J1576
	Prolia
	J0897
	Radicava®
	J1301
	Reblozyl® J0896
	Releuko®
	Q5125
	Ryplazim™
	J2998
	Saphnelo™
	J0491
	Scenesse®
	J7352
	Skyrizi®
	J2327
	Soliris®
	J1300
	Spevigo®
	J1747
	Spinraza™
	J2326







Procedures and Services	Additional Information	CPT [®] or HCPC			
Injectable medications		How to Obtain Syfovre®	Prior Authoriz	ation	
(continued)		J2781			
		Tepezza®			
		J3241			
		Tezspire™			
		J2356			
			Radiopharmac	euticals*	
		A9513	A9590	A9606	A9699
		Tzield®	A3330	A3000	A3033
		J9381			
		Ultomiris™			
		J1303			
		Uplizna®			
		J1823			
		Vyepti®			
		J3032			
		Vyvgart™			
		J9332			
		Zolgensma®			
		J3399			
		Prior Authorization Provider Portal. (UnitedHealthcare Then, select the Provider Portal d ** For unclassifie J3490 and J3590 Qalsody, Rystigg	Go to UHCprov e Provider Porta Prior Authorizat lashboard. Or, o ed and temporat prior authorizat	rider.com and c al button in the to tion and Notifica call 888-397-812 ry codes, C9151 ation is only requ	lick on the op right corner. tion tool on your 29. I, C9157, C9399, uired for Elevidys,
Injectable medications-	Prior authorization required	Bone Density	Agents		
Step therapy		J3111	J0897		
		Colony-Stimu	lating Factors	**	
		J1442	J1447	J1449	Q5108
		Q5110 Q5130	Q5122	Q5125	Q5127
			is-Stimulating	Agents	
		J0885	U	0	
		Hyaluronic A	cid Polymers		
		-	ed as medical o	devices)	
		J7320	J7321	J7322	J7323
		J7324	J7326	J7327	J7329
		J7331	J7332		
		Immunomodu	ulators		
		J1745	Q5104		
		Intravenous I	ron Products		
		J1437	J1439		
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Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization Rituximab				
		J9311	J9312	Q5123		
		Vascular End	dothelial Grov	vth Factor (VEGF)	Inhibitors***	
		C9097	J0178	J0179	J2279	
		J2777	J2778	Q5124	Q5128	
				108 and Q5110, Q th oncology and no	5111, Q5122 prior on-oncology DX.	
Inpatient admissions Inpatient admissions: Acute inpatient rehabilitation (AIR)/ long-term acute care (LTAC)/skilled nursing facility (SNF)	 Notification required Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: Acute care hospitals Acute inpatient rehabilitation Critical access hospitals Long-term acute care hospitals Skilled nursing facilities Note: 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 	Phone: 855-85 Fax: 844-244-	51-1127 9482	thorization for in-so		
Non-emergency air transport Non-urgent ambulance transportation by air between specified location	Prior authorization required	A0430	A0431	A0435	A0436	
Orthognathic surgery	Prior authorization required	21120	21121	21122	21123	
Treatment of maxillofacial/ jaw functional impairment		21125	21127	21141	21142	
Jaw runotional impairment		21143	21145	21146	21147	
		21150	21151	21154	21155	
		21159	21160	21188	21193	
		21194	21195	21196	21198	
		21199 21240	21206 21242	21210 21244	21215 21245	
		21240	21242	21244	21245	
Orthopedic – spine and	Prior authorization required	21240	21247	22102	22110	
joint surgeries		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	
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How to Obtain Prior Authorization United and the prior Authorization Orthopedic (cont.) 22830 22849 22850 22852 22865 22869 22899 23470 23472 24860 24861 24862 24833 24860 24861 24862 24833 24865 25441 25442 27122 27131 27125 27130 27132 27145 27145 27446 27447 27447 27445 27447 27940 29843 29846 29846 29846 29847 29866 29867 29868 29891 29895 29897 29898 29891 63001 63011 63012 63001 63002 63003 63046 63047 63025 63056 63046 63047 63080 63046 63047 63080 63046 63047 63080 63046 63047 63080 63046 63047 63080 63046 63047 63080	Procedures and Services	Additional Information		CPCS Codes and		
22855 22856 22861 22867 22869 22899 23470 23472 23430 23461 25432 25433 23465 25441 25442 25444 2546 2549 27120 27132 27125 27130 27132 27134 27137 27138 27447 27486 27446 27447 27486 27447 27700 29834 29837 29838 29807 29866 29897 298987 29898 29807 298987 29898 29897 29898 29897 29897 29898 29897 29898 29896 29897 29898 29897 29898 29897 29898 29897 29898 29897 29898 29897 29898 29897 29898 29897 29898 29896 29897 29898 29897 29898 29897 29898 29897 29898 29897 29898 29897 29898 29897 29898 29897 29898 29897	Orthonodia (cont.)					
22869 22899 23470 2472 24360 24361 24362 24361 24365 25441 25422 24361 27137 27130 27132 27142 27137 27138 27472 27485 2746 27447 27486 27447 2740 29834 29837 29838 29840 29844 29845 29846 29847 29866 29847 29866 29847 29866 29847 29866 29847 29862 29894 29895 29897 29898 29899 29914 29915 29916 63001 63012 63016 63017 63026 63017 63026 63061 63061 63040 63047 63056 63061 63065 63066 63061 63066 63061 63066 63061 63066 63061 63066 63061 63066 63061 63066 63066 63066 63061 63066 63066 63066 63066 <td>Onthopedic (cont.)</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Onthopedic (cont.)					
Orthotics Profered Care Network or Prefered Care Network Net Prefered Care Network Net Prefered Care Network Prefered Care Network Prefered Care Netwo						
24365 25441 25442 25442 25446 25449 27120 27122 27137 27138 2742 2745 27446 27447 27466 27487 27700 29834 29837 29838 29840 29844 29845 29868 29897 29898 29899 29914 29915 29916 63001 63003 63006 63017 63020 63036 63040 63042 63043 63046 63041 63042 63043 63046 63047 63050 63051 63055 63077 63081 63082 63043 63047 63050 63101 63102 63170 63172 63172 6317 63200 02007 02017 0217 07330 07 63200 02007 02017 07330 07 63190 63191 63191 63191 08197 1000 108 108 108 118						
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	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 and/or Preferred Care	Preferred Care Network 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. <u>Advance notification is</u> <u>required for Preferred Care</u> <u>Network and Preferred Care</u> <u>Partners members when:</u> A network physician or health care professional directs a member to an out-of-network facility, physician or other health care provider				







Procedures and Services	Additional Information		S Codes and/or Prior Authoriza		
	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.				
Pain Management	Prior authorization required	62350 62362	62351	62360	62361
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-conducted randomized controlled trials Cohort studies in the prevailing published peer-reviewed medical literature 	Prior authorization required	28890 64744	36514 66180	64405 95965	64722 95966
Prostate Procedures	Prior authorization required	52441	52442	55874	
Prosthetics	Prior authorization required for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000.	L5301 L5987	L5856	L5968	L5981
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525







Procedures and Services	Additional Information	CPT [®] or HCPC How to Obtain			
Radiology services	Prior authorization no longer				
Rhinoplasty Treatment of nasal functional impairment and septal deviation	required Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Site of service (SOS) – Outpatient hospital	Prior authorization is only required when requesting service in an outpatient hospital setting Prior authorization is not required if performed at a participating Ambulatory	Breast Lesion 19125 Carpal Tunnel 29848 Colonoscopy	l Surgery and Biopsy		
	Surgery Center (ASC)	44388 45330 45381 45386 45393	44389 45378 45382 45388 G0105	44391 45379 45384 45389 G0121	44408 45380 45385 45390
		Corneal Trans 65756 Cystoscopy	splant		
		52000 52204	52001 52214	52005	52007
		Deviated Sept 30520 Eye Surgery	·		
		0191T 66984 67042	65855 67036 67108	66183 67040 67113	66982 67041 67145
		67210 Fractured Arn		67917	04540
		23615 24665 25606	23630 24666 25607	24515 25545 25608	24516 25605 25609
		Glaucoma Pro	66170		
		Hernia Repair 49505 49553	49521 49650	49525 49651	49550
		Knee Arthroso 29870	29874	29875	29876
		29877 29888 Other Bladder	29879 r Surgeries	29880	29881
		51720 52300	51728 52310	51729 52315	52287 52330
		52332	52341	52344	52351
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Procedures and Services Additional Information	CPT [®] or HC	PCS Codes and	/or			
		ain Prior Author				
Site of service (SOS) – Outpatient hospital	52354	52356	53445			
(continued)	Other Female Genital Surgeries					
	57240	57260	57288	58558		
	Other Foot/					
	28120	28285	28288	28291		
	28296					
	Other Male Genital Surgeries					
	55040					
	Other Nervous System Surgeries					
	64718	64721				
	Other Prostate Surgeries					
	52630	55700				
	Other Therapeutic					
	23430	26055	26123			
	Other Ureth	ra Surgeries				
	52275	52276	52281	52282		
	52285 Pain Manag	omont				
	62270	62321	62322	62323		
	64418	64483	64490	64493		
	64510	64633	64635			
	Percutaneous Vertebral Augmentation					
	22514					
	Removal of					
	52224	52234	52235			
	Removal of Kidney Stones					
	50590					
	Shoulder Arthroscopy					
	29823	29824	29827	29828		
	Skin Graft					
	14040	14060	14301	15100		
	15120	15220	15240	15260		
	Treatment/Removal of Bladder Stones					
	52320	52325	52352	52353		
	Upper GI Endoscopy - Esophagus / Stomach / Intestine			ch / Small		
	43235	43236	43237	43238		
	43239	43240	43241	43242		
	43245	43247	43248	43249		
	43250	43251	43253	43254		
		70201	70200	70207		







Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization					
Sleep apnea procedures and surgeries 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 – not	21685 42145	41512	41530	41599		
Spinal Surgery	sleep studies. Prior authorization required	20930 22858	20931	20939	22854		
Stimulators 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.	Bone Growtl E0747 Neurostimul 61850 61868 63655	E0748 ator 61863 61885 63685	E0749 61864 61886 64555	E0760 61867 63650 64568		
Therapeutic radiology	Prior authorization no longer	64590	L8682	L8683			
Transplant of tissue or organs 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	For transplant and CAR T-cell therapy services including Abecma [®] (Idecaptagene Cicleucel), Breyanzi [®] , Carvykti [™] (ciltacabtagene autoleucel), 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. Bone Marrow Harvest 38240 38241 38242 Evaluation for Transplant 99205					
		Heart 33940 Heart/Lung 33930 Intestine 44132 Kidney 50300 50360	33944 33935 44133 50320 50365	33945 44135 50323 50370	44136 50340 50547		
		Liver 47135 Lung 32850 32854 Pancreas 48551 Services Rela	47143 32851 32856 48552 ted to Transplar	47147 32852 S2060 48554 nts	32853 S2061		
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Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization				
		38210 38215 44720 47141 47146 CAR-T Cell Th 0537T C9098 Q2053	38212 38232* 44721 47142 50325 herapy 0538T J9999 Q2054	38213 44137 47133 47144 S2152 0539T Q2041 Q2055 prior authorization	38214 44715 47140 47145 0540T Q2042 Q2056	
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required	oncology diag	• • •			
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		7246 or the not	Optum VAD Ca tification numbe 's health plan ID 33976 33983	r on the back	team at 888-936- 33981 33928	







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