# **Prior authorization requirements**

### **for** Preferred Care Network and Preferred Care Partners of Florida

Effective November 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 call the 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 <sup>™</sup> (aprepitant)				
	*Codes J1442, J1447,	-	aprepitant)			
	Q5108, Q5110, Q5111, and Q5122 also require prior	J0185				
	authorization for non-	Emend <sup>®</sup> (fosaprepitant)				
	oncology DX. See Injectable medications section below.	J1453				
	medications section below.	Sustol <sup>®</sup> (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 <sup>®</sup> or HCPCS Codes and/or
Cancer Supportive Care		How to Obtain Prior Authorization Filgrastim-aafi (Nivestym™)
(continued)		Q5110*
		Filgrastim-sndz (Zarxio <sup>®</sup> )
		Q5101
		Pegfilgrastim (Neulasta <sup>®</sup> )
		J2506
		Pegfilgrastim-apgf (Nyvepria™)
		Q5122*
		Pegfilgrastim-bmez (Ziextenzo®)
		Q5120
		Pegfilgrastim-cbqv (UDENYCA™)
		Q5111*
		Pegfilgrastim-jmdb (Fulphila™) Q5108*
		Sargramostim (Leukine <sup>®</sup> )
		J2820
		Tbo-filgrastim (Granix <sup>®</sup> )
		J1447*
		Trilaciclib (Cosela™)
		J1448
		<u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Prolia <sup>®</sup> , Xgeva <sup>®</sup> )
		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 <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.
Cardiology services	Prior authorization no longer	Or, call 888-397-8129.
	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







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





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Procedures and Services	Additional Information		CPCS Codes tain Prior Αι				
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	173.00	173.01	173.1		
Cartilage Implants	Prior authorization required	173.81 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		<b>88-397-8129</b> 8614	L8619	
other auditory implants 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		L8690	L8691	L	8692		
Cosmetic and reconstructive	Prior authorization required	11960	11971		820	15821	
procedures	Advance notification is	15822	15823	15	830	15847	
	required			<b>a</b> tl	I Inoid	-od	
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Procedures and Services	Additional Information		PCS Codes and/		
	· · · · · · · · · · · · · · · · · · ·		ain Prior Authori		
Cosmetic procedures that changeor improve physical	for inpatient or outpatient services.	15877	15878	15879	17106
appearance, without	Services.	17107	17108	17999	21172
significantly improving or		21175	21179	21180	21181
restoring physiological function		21182	21183	21184	21230
Reconstructive procedures		21235	21248	21249	21255
that treat a medical		21256	21260	21261	21263
condition or improve or 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
Durable medical	All requests for durable	67966	Q2026		
equipment (DME)	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		ofor a Madiana	nombor to the Vie	
End-stage renal disease/ dialysis services Services for the treatment of end-stage renal disease (ESRD) require advance notification, which includes outpatient dialysis services	required if a member is referred to an out-of- network provider for dialysis services. Using an in-network dialysis center can help our members avoid high-cost shares, even when they may have out-of- network benefits. Advance notification isn't required for ESRD when a Medicare member travels outside of the service area. <b>Note:</b> Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.	3			
Gender dysphoria treatment	Prior authorization required	regardless of 55970	of diagnosis cod 55980	le:	d for the following
			itted with a diag	zation is require nosis code F64.0	d for the following ), 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
		01000	01000	00+10	00720
					•





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Procedures and Services	Additional Information	CPT <sup>®</sup> 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 <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications	Korsuva®
(continued)	J0879
	Krystexxa
	J2507
	Leqembi®
	J0174
	Leqvio®
	J1306 <b>Luxturna™</b>
	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 <sup>®</sup> 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 <b>UHCprov</b> Provider Porta Prior Authorizat ashboard. Or, o d and temporat prior authorizat	<b>ider.com</b> and c al button in the te tion and Notifica call <b>888-397-812</b> ry codes, C9151 ation is only requ	lick on the op right corner. tion tool on your 29.
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
			s-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	lators		
		J1745	Q5104		
		Intravenous I	ron Products		
		J1437	J1439		
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Procedures and Services	Additional Information	on CPT <sup>®</sup> 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)	<ul> <li>Notification required</li> <li>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</li> <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> <li>Note: These plans are excluded from the skilled nursing facility prior authorization requirement:</li> <li>UnitedHealthcare Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)</li> <li>UnitedHealthcare Nursing Home</li> </ul>	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.)					
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<ul> <li>Prior authorization is required for orthobics or accumulative rental cost of more than \$1,000.</li> <li>Orthobics</li> <li>Prior authorization is required for orthobics with a retail purchase or a cumulative rental cost of more than \$1,000.</li> <li>Out-of-network services A recommendation from a fullities may have increased out-of-pocket expansion of in</li></ul>			27125	27130	27132	27134
<ul> <li>Prior authorization is required for orthotics with a retail purchase or a cumulative rental cost of more than \$1,000\$.</li> <li>Orthotics Prefered Care Pathers may include restrictions on theread out-of-predet source outside of the network for your agreement with Preferred Care Network provider in a out-of-network facility, physician or thealth care provider.</li> <li>Note: Your agreement with Preferred Care Network or Preferred Care Network provider in a out-of-network facility. Physician or health care provider.</li> </ul>			27137	27138	27412	27445
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Orthotics       Prior authorization is required for orthotics with a retail purchase or a cumulative rental cost of more than \$1,000.         Out-of-network services       Note: Your agreement with Preferred Care Network or Preferred Care Partners may include restrictions on to a hospital, physician or health care provider who isn't contracted with Preferred Care Network physicians or non-network who use non coverage. Advance notification is required for Preferred Care Partners may include restrictions may have increased out-of-pocket expenses or no coverage. Advance notification is required for Preferred Care Partners when: A network physician or health care professionals or facilities may have increased out-of-pocket expenses or no coverage. Advance notification is required for Preferred Care Partners when: A network physician or health care professional or coverage. Advance notification is required for Preferred Care Partners members when: A network facility, physician or health care provider or other health care provider.						
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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	CPT <sup>®</sup> or HCPC How to Obtain			
	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
<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







Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPC How to Obtain			
Radiology services	Prior authorization no longer				
<b>Rhinoplasty</b> 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	·	66400	00000
		0191T 66984 67042	65855 67036 67108	66183 67040 67113	66982 67041 67145
		67210 Fractured Arn		67917	
		23615 24665	23630 24666	24515 25545	24516 25605
		25606 Glaucoma Pro 65820	25607 ocedures 66170	25608	25609
		Hernia Repair 49505		49525	49550
		49553 Knee Arthroso		49651	
		29870 29877 29888	29874 29879	29875 29880	29876 29881
		Other Bladder	r Surgeries		
		51720	51728	51729	52287
		52300 52332	52310 52341	52315 52344	52330 52351
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Procedures and Services Additional Information	CPT <sup>®</sup> or HCI	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/Toe Surgeries				
	28120	28285	28288	28291	
	28296				
	Other Male				
	55040				
	Other Nervo	ous System Sur	geries		
	64718	64721			
	Other Prostate Surgeries				
	52630	55700			
	Other Therapeutic Procedures of the Mus				
	23430	26055	26123		
	Other Urethra Surgeries				
	52275	52276	52281	52282	
	52285				
	Pain Manag 62270	62321	62322	62323	
	64418	64483	64490	64493	
	64510	64633	64635		
	Percutaneous Vertebral Augmentation				
	22514				
	Removal of Bladder Tumors				
	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/F	Removal of Blad	der Stones		
	52320	52325	52352	52353	
	Upper GI Endoscopy - Esophagus / Stomach / Small				
	Intestine 43235	43236	43237	43238	
	43235	43230	43237	43238	
	43239 43245	43240	43241	43242	
	43245 43250	43247 43251	43240	43249 43254	
			45255	40204	
	43255	43259			







Procedures and Services	Additional Information	CPT <sup>®</sup> 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 – <b>not</b>	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	Bone Growth E0747 Neurostimul 61850 61868 63655	E0748	E0749 61864 61886 64555	E0760 61867 63650 64568		
Therapeutic radiology	health plan ID card. Prior authorization no longer	64590	L8682	L8683			
services Transplant of tissue or organs Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation	required 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 382403824138242Bone Marrow Harvest 992053894033944Heart 339403394433945Heart/Lung 3393033935					
		Intestine 44132 Kidney 50300 50360 Liver 47135 Lung 32850 32854 Pancreas 48551 Services Rela	44133 50320 50365 47143 32851 32856 48552 ted to Transplay	44135 50323 50370 47147 32852 S2060 48554	44136 50340 50547 32853 S2061		
A-1-20-02172-Clinical-WEB_07232 2020 United HealthCare rvices, Inc. All rights served	020 Preferred Care Partners A UnitedHealthcare Company	Services Rela 32855 PREFERRED CARE NETWOR A UnitedHealthcare Company	ted to Transplar 33933 RK	38208	38209 ted althcare		





Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
		38210 38215 44720 47141 47146 <b>CAR-T Cell Th</b> 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		Please call the Optum VAD Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.339753397633979339813398233983339273392833929			







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