

# Prior authorization requirements for Florida Medicaid

Effective August 1, 2023

## General information

This list contains prior authorization requirements for inpatient and outpatient services for care providers who participate with UnitedHealthcare Community Plan in Florida. To request prior authorization, please submit your request online or by phone.

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.
- **Phone:** Call 877-842-3210

**Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.**

| Procedures and services   | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization  |   |   |   |
|---|---|---|---|---|---|
| <b>Acupuncture</b>  | Prior authorization required  | 97810   | 97811                                     | 97813                                     | 97814                                     |
| <b>Bariatric surgery</b><br>Bariatric surgery and specific obesity-related services                             | Prior authorization required  | 43644<br>43775<br>43847   | 43645<br>43842<br>43848                   | 43659<br>43845<br>43860                   | 43770<br>43846                            |
| <b>Behavioral health services</b>   | Prior authorization required<br>Many of our benefit plans 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 use services. |   |   |   |
| <b>Bone growth stimulator</b><br>Electronic stimulation or ultrasound to heal fractures                         | Prior authorization required  | 20975   | 20979                                     |   |   |
| <b>Breast pump, electric</b>  | Prior authorization required  | E0604   |   |   |   |
| <b>Breast reconstruction (non-mastectomy)</b><br>Reconstruction of the breast, except when following mastectomy | Prior authorization required  | 11971<br>19328<br>19350<br>19367<br>19371   | 19316<br>19330<br>19357<br>19368<br>19380 | 19318<br>19340<br>19361<br>19369<br>19396 | 19325<br>19342<br>19364<br>19370<br>L8600 |

| Procedures and services       | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization  |                         |                         |                |
|-------------------------------|--|---|-------------------------|-------------------------|----------------|
| <b>Cancer supportive care</b> | Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis. | <p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p><b>Filgrastim (Neupogen®)</b><br/>J1442</p> <p><b>Filgrastim-aafi (Nivestym™)</b><br/>Q5110</p> <p><b>Filgrastim-sndz (Zarxio®)</b><br/>Q5101</p> <p><b>Pegfilgrastim (Neulasta®)</b><br/>J2506</p> <p><b>Pegfilgrastim-appgf (Nyvepria™)</b><br/>Q5122</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b><br/>Q5120</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b><br/>Q5111</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b><br/>Q5108</p> <p><b>Sargramostim (Leukine®)</b><br/>J2820</p> <p><b>Tbo-filgrastim (Granix®)</b><br/>J1447</p> <p><b>Trilaciclib (Cosela™)</b><br/>J1448</p> <p><b>Filgrastim-ayow (Releuko®)</b><br/>Q5125</p> <p><b><u>Bone-modifying agents that require prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b><br/>J0897</p> <p><b><u>Antiemetic Drugs</u></b><br/>J1456</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the Sign In button in the top-right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</p> |                         |                         |                |
| <b>Cardiovascular</b>         | Prior authorization required   | 37220<br>37226<br>37230   | 37221<br>37227<br>37231 | 37224<br>37228<br>93580 | 37225<br>37229 |

**\*Prior authorization required for the following diagnosis codes:**

|         |         |         |         |
|---------|---------|---------|---------|
| E08.52  | E09.52  | E10.52  | E11.52  |
| E13.52  | 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 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

**Cardiovascular  
(cont.)**

|          |          |          |          |
|----------|----------|----------|----------|
| I70.244  | I70.245  | I70.248  | I70.249  |
| I70.25   | I70.261  | I70.262  | I70.263  |
| I70.268  | I70.269  | 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  | I70.421  | 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  | I70.521  | 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  | I70.621  | 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  | I70.721  | 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  | I72.3    | I72.4    | I72.8    |
| I72.9    | I77.2    | I77.70   | I77.72   |
| I77.77   | I77.79   | I74.3    | I74.4    |
| I74.5    | I74.8    | I74.9    | I75.021  |
| I75.022  | I75.023  | I75.029  | I75.89   |
| 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  |
| M86.172  | M86.179  | M86.18   | M86.19   |
| M86.20   | M86.251  | M86.252  | M86.259  |

| Procedures and services   | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization  |          |          |          |
|---|---|---|----------|----------|----------|
| <b>Cardiovascular (cont.)</b>   |   | 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    | I96      | 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  | I73.00  | I73.01   | I73.1    |          |
|   |   | I73.81  |          |          |          |
| <b>Cerebral seizure monitoring – inpatient video electroencephalogram (EEG)</b> | Prior authorization required for inpatient services   | 95700   | 95711    | 95712    | 95713    |
|   |   | 95714   | 95715    | 95716    | 95718    |
|   | Prior authorization is not required for outpatient hospital or ambulatory surgical center.  | 95720   | 95722    | 95724    | 95726    |
| <b>Chemotherapy</b>   | Prior authorization 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 prior authorization:</b> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <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> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the Sign In button in the top-right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or call <b>888-397-8129</b>.</p> |          |          |          |
| <b>Chiropractic</b>   | Prior authorization required  | 98940   | 98941    | 98942    | 98943    |
| <b>Circumcision</b>   | Prior authorization required for patients ages 12 weeks and older   | 54161   |          |          |          |
| <b>Cochlear implants and other auditory implants</b><br>A medical device within | Prior authorization required  | 69710   | 69714    | 69930    | L8614    |
|   |   | L8619   | L8690    | L8691    | L8692    |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech

|                                   |   |       |       |       |  |
|-----------------------------------|---|-------|-------|-------|--|
| <b>Continuous glucose monitor</b> | Prior authorization required with type 2 diabetes diagnosis | A9276 | A9277 | A9278 |  |
|-----------------------------------|---|-------|-------|-------|--|

|   |                              |       |        |        |       |
|---|------------------------------|-------|--------|--------|-------|
| <b>Cosmetic and reconstructive</b><br>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function<br>Reconstructive procedures that treat a medical condition to improve or restore physiologic function | Prior authorization required | 11960 | 14020* | 14021* | 14041 |
|   |                              | 14060 | 14061* | 14301  | 15820 |
|   |                              | 15821 | 15822  | 15823  | 15830 |
|   |                              | 15847 | 15877  | 17106  | 17107 |
|   |                              | 17108 | 17999  | 21137  | 21138 |
|   |                              | 21139 | 21172  | 21175  | 21179 |
|   |                              | 21180 | 21181  | 21182  | 21183 |
|   |                              | 21184 | 21230  | 21235  | 21256 |
|   |                              | 21275 | 21280  | 21282  | 21295 |
|   |                              | 21740 | 21742  | 21743  | 28344 |
|   |                              | 30620 | 67900  | 67901  | 67902 |
|   |                              | 67903 | 67904  | 67906  | 67908 |
|   |                              | 67909 | 67911  | 67912  | 67914 |
|   |                              | 67915 | 67916  | 67917  | 67921 |
|   |                              | 67922 | 67923  | 67924  | 67950 |
|   |                              | 67961 | 67966  | Q2026  |       |

\*will NOT require prior auth when billed with skin cancer diagnoses

|          |          |          |          |
|----------|----------|----------|----------|
| C43.0    | C43.10   | C43.111  | C43.112  |
| C43.121  | C43.122  | C43.20   | C43.21   |
| C43.22   | C43.30   | C43.31   | C43.39   |
| C43.4    | C43.51   | C43.52   | C43.59   |
| C43.60   | C43.61   | C43.62   | C43.70   |
| C43.71   | C43.72   | C43.8    | C43.9    |
| C44.01   | C44.02   | C44.09   | C44.101  |
| C44.1021 | C44.1022 | C44.1091 | C44.1092 |
| C44.111  | C44.1121 | C44.1122 | C44.1191 |
| C44.1192 | C44.121  | C44.1221 | C44.1222 |
| C44.1291 | C44.1292 | C44.131  | C44.1321 |
| C44.1322 | C44.1391 | C44.1392 | C44.191  |
| C44.1921 | C44.1922 | C44.1991 | C44.1992 |
| C44.201  | C44.202  | C44.209  | C44.211  |
| C44.212  | C44.219  | C44.221  | C44.222  |
| C44.229  | C44.291  | C44.292  | C44.299  |
| C44.300  | C44.301  | C44.309  | C44.310  |
| C44.311  | C44.319  | C44.320  | C44.321  |
| C44.329  | C44.390  | C44.391  | C44.399  |

| Procedures and services                | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization |         |         |         |
|--|--|--|---------|---------|---------|
|  |  | C44.40   | C44.41  | C44.42  | C44.49  |
|  |  | C44.500  | C44.501 | C44.509 | C44.510 |
|  |  | C44.511  | C44.519 | C44.520 | C44.521 |
|  |  | C44.529  | C44.590 | C44.591 | C44.599 |
|  |  | C44.601  | C44.602 | C44.609 | C44.611 |
|  |  | C44.612  | C44.619 | C44.621 | C44.622 |
|  |  | C44.629  | C44.691 | C44.692 | C44.699 |
|  |  | C44.701  | C44.702 | C44.709 | C44.711 |
|  |  | C44.712  | C44.719 | C44.721 | C44.722 |
|  |  | C44.729  | C44.791 | C44.792 | C44.799 |
|  |  | C44.80   | C44.81  | C44.82  | C44.89  |
|  |  | C44.90   | C44.91  | C44.92  | C44.99  |
|  |  | C46.0  | C4A.0   | C4A.10  | C4A.111 |
|  |  | C4A.112  | C4A.121 | C4A.122 | C4A.20  |
|  |  | C4A.21   | C4A.22  | C4A.30  | C4A.31  |
|  |  | C4A.39   | C4A.4   | C4A.51  | C4A.51  |
|  |  | C4A.52   | C4A.52  | C4A.59  | C4A.60  |
|  |  | C4A.61   | C4A.62  | C4A.70  | C4A.71  |
|  |  | C4A.72   | C4A.8   | C4A.9   | C79.2   |
|  |  | D03.51   | D03.52  | D04.0   | D04.10  |
|  |  | D04.111  | D04.112 | D04.121 | D04.122 |
|  |  | D04.20   | D04.21  | D04.22  | D04.30  |
|  |  | D04.39   | D04.4   | D04.5   | D04.60  |
|  |  | D04.61   | D04.62  | D04.70  | D04.71  |
|  |  | D04.72   | D04.8   | D04.9   |         |
| <b>Durable Medical Equipment (DME)</b> | Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500 | A9279  | A9280   | A9900   | E0265   |
|  |  | E0270  | E0300   | E0328   | E0329   |
|  |  | E0445  | E0457   | E0460   | E0465   |
|  |  | E0466  | E0470   | E0471   | E0483   |
|  | Prosthetics are not DME — see <i>Orthotics and Prosthetics</i> .   | E0486  | E0620   | E0652   | E0675   |
|  |  | E0693  | E0694   | E0745   | E0762   |
|  |  | E0764  | E0766   | E0784   | E0984   |
|  |  | E0986  | E1002   | E1003   | E1004   |
|  | Some home health care services may qualify but are not subject to the cost threshold — see <i>Home Health Care</i> .       | E1005  | E1006   | E1007   | E1008   |
|  |  | E1010  | E1030   | E1035   | E1036   |
|  |  | E1130  | E1161   | E1231   | E1232   |
|  |  | E1233  | E1234   | E1235   | E1236   |
|  |  | E1237  | E1238   | E1399   | E1825   |
|  |  | E2227  | E2228   | E2310   | E2311   |
|  |  | E2322  | E2325   | E2327   | E2329   |
|  |  | E2351  | E2373   | E2510   | E2511   |
|  |  | E2512  | E2599   | E2626   | E2627   |
|  |  | E2628  | E2629   | E2630   | E8000   |

| Procedures and services  | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |
|--|--|--|-------|-------|-------|
| <b>DME (cont.)</b>   |  | E8001  | E8002 | K0005 | K0008 |
|  |  | K0013  | K0108 | K0848 | K0849 |
|  |  | K0850  | K0851 | K0852 | K0853 |
|  |  | K0854  | K0855 | K0856 | K0857 |
|  |  | K0858  | K0859 | K0860 | K0861 |
|  |  | K0862  | K0863 | K0864 | S1040 |
|  |  | T1999  | T5999 | V2786 | V5269 |
|  |  | V5270  | V5271 | V5272 | V5281 |
|  |  | V5282  | V5283 | V5286 | V5287 |
|  |  | V5288  | V5290 |       |       |
| <b>Enteral services</b><br>In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required   | B4034  | B4035 | B4036 | B4100 |
|  |  | B4102  | B4103 | B4104 | B4149 |
|  |  | B4150  | B4152 | B4153 | B4155 |
|  |  | B4158  | B4159 | B4160 | B4161 |
|  |  | B9998  |       |       |       |
| <b>Experimental and Investigational (and/or linked services)</b>                                     | Prior authorization required   | 33477  | 36514 | 55866 | 64722 |
|  |  | 65765  | 65767 | 66180 | 0191T |
|  |  | A4638  | A6000 | A9274 | E0231 |
|  |  | E1831  | S0810 | S1030 | S1031 |
|  |  | S9988  | S9990 | S9991 |       |
| <b>Functional endoscopic sinus surgery (FESS)</b>  | Prior authorization required   | 31240  | 31253 | 31254 | 31255 |
|  |  | 31256  | 31257 | 31259 | 31267 |
|  |  | 31276  | 31287 | 31288 |       |
| <b>Genetic and molecular testing to include BRCA gene testing</b>                                    | Prior authorization required for genetic and molecular testing performed in an outpatient setting  | 81105  | 81106 | 81107 | 81108 |
|  |  | 81109  | 81110 | 81111 | 81120 |
|  |  | 81121  | 81161 | 81162 | 81163 |
|  | Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test. | 81164  | 81165 | 81166 | 81167 |
|  |  | 81168  | 81170 | 81171 | 81172 |
|  |  | 81173  | 81174 | 81175 | 81176 |
|  |  | 81177  | 81178 | 81179 | 81180 |
|  |  | 81181  | 81182 | 81183 | 81184 |
|  |  | 81185  | 81186 | 81187 | 81188 |
|  |  | 81189  | 81190 | 81191 | 81192 |
|  |  | 81193  | 81194 | 81200 | 81201 |
|  |  | 81203  | 81204 | 81205 | 81208 |
|  |  | 81209  | 81212 | 81216 | 81218 |
|  |  | 81220  | 81222 | 81223 | 81224 |
|  |  | 81225  | 81226 | 81227 | 81228 |
|  | Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify  | 81229  | 81230 | 81231 | 81232 |
|  |  | 81233  | 81234 | 81236 | 81237 |
|  |  | 81238  | 81239 | 81240 | 81241 |
|  |  | 81242  | 81243 | 81244 | 81245 |
|  | 81246  | 81247  | 81248 | 81249 |       |
|  | 81250  | 81251  | 81252 | 81253 |       |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

|  |                   |       |       |       |       |
|--|-------------------|-------|-------|-------|-------|
| <b>Genetic and molecular testing (cont.)</b> | UnitedHealthcare. | 81254 | 81255 | 81256 | 81257 |
|  |                   | 81258 | 81259 | 81260 | 81261 |
|  |                   | 81262 | 81263 | 81264 | 81265 |
|  |                   | 81266 | 81267 | 81268 | 81269 |
|  |                   | 81271 | 81272 | 81273 | 81274 |
|  |                   | 81276 | 81277 | 81278 | 81279 |
|  |                   | 81283 | 81284 | 81285 | 81286 |
|  |                   | 81287 | 81288 | 81289 | 81290 |
|  |                   | 81291 | 81292 | 81294 | 81295 |
|  |                   | 81297 | 81298 | 81300 | 81302 |
|  |                   | 81303 | 81304 | 81305 | 81306 |
|  |                   | 81307 | 81309 | 81310 | 81312 |
|  |                   | 81313 | 81314 | 81315 | 81316 |
|  |                   | 81317 | 81318 | 81319 | 81320 |
|  |                   | 81321 | 81322 | 81323 | 81324 |
|  |                   | 81325 | 81326 | 81327 | 81328 |
|  |                   | 81329 | 81330 | 81331 | 81332 |
|  |                   | 81333 | 81334 | 81335 | 81336 |
|  |                   | 81337 | 81338 | 81339 | 81340 |
|  |                   | 81341 | 81342 | 81343 | 81344 |
|  |                   | 81345 | 81346 | 81347 | 81348 |
|  |                   | 81349 | 81350 | 81351 | 81352 |
|  |                   | 81353 | 81355 | 81357 | 81360 |
|  |                   | 81361 | 81362 | 81363 | 81364 |
|  |                   | 81370 | 81371 | 81372 | 81373 |
|  |                   | 81375 | 81376 | 81377 | 81378 |
|  |                   | 81379 | 81380 | 81381 | 81382 |
|  |                   | 81383 | 81400 | 81401 | 81402 |
|  |                   | 81403 | 81404 | 81405 | 81406 |
|  |                   | 81407 | 81408 | 81410 | 81411 |
|  |                   | 81412 | 81413 | 81414 | 81415 |
|  |                   | 81416 | 81417 | 81419 | 81420 |
|  |                   | 81430 | 81431 | 81432 | 81433 |
|  |                   | 81434 | 81435 | 81436 | 81437 |
|  |                   | 81438 | 81439 | 81440 | 81442 |
|  |                   | 81443 | 81445 | 81448 | 81460 |
|  |                   | 81465 | 81470 | 81471 | 81479 |
|  |                   | 81507 | 81518 | 81519 | 81520 |
|  |                   | 81521 | 81522 | 81523 | 81546 |
|  |                   | 81554 | 81595 | 81599 | 87481 |
|  |                   | 87482 | 87505 | 87506 | 87507 |
|  |                   | 87510 | 87511 | 87512 | 87623 |
|  |                   | 87797 | 87798 | 87799 | 87800 |
|  |                   | 87801 | 0001U | 0004M | 0006M |
|  |                   | 0007M | 0012U | 0013U | 0014U |
| 0016U  | 0017U             | 0018U | 0022U |       |       |



| Procedures and services                      | Additional information       | CPT® or HCPCS codes and/or how to obtain prior authorization                        |  |   |   |
|--|------------------------------|---|--|---|---|
| <b>Genetic and molecular testing (cont.)</b> |                              | 0023U   | 0026U  | 0027U                                     | 0030U                                     |
|  |                              | 0031U   | 0032U  | 0033U                                     | 0034U                                     |
|  |                              | 0040U   | 0046U  | 0049U                                     | 0055U                                     |
|  |                              | 0060U   | 0068U  | 0070U                                     | 0071U                                     |
|  |                              | 0072U   | 0073U  | 0074U                                     | 0075U                                     |
|  |                              | 0076U   | 0084U  | 0087U                                     | 0088U                                     |
|  |                              | 0097U   | 0111U  | 0129U                                     | 0136U                                     |
|  |                              | 0137U   | 0154U  | 0155U                                     | 0157U                                     |
|  |                              | 0158U   | 0159U  | 0160U                                     | 0161U                                     |
|  |                              | 0168U   | 0169U  | 0170U                                     | 0171U                                     |
|  |                              | 0172U   | 0173U  | 0175U                                     | 0177U                                     |
|  |                              | 0179U   | 0180U  | 0181U                                     | 0182U                                     |
|  |                              | 0183U   | 0184U  | 0185U                                     | 0186U                                     |
|  |                              | 0187U   | 0188U  | 0189U                                     | 0190U                                     |
|  |                              | 0191U   | 0192U  | 0193U                                     | 0194U                                     |
|  |                              | 0195U   | 0196U  | 0197U                                     | 0198U                                     |
|  |                              | 0199U   | 0200U  | 0201U                                     | 0203U                                     |
|  |                              | 0205U   | 0209U  | 0214U                                     | 0215U                                     |
|  |                              | 0216U   | 0217U  | 0218U                                     | 0221U                                     |
|  |                              | 0222U   | 0229U  | 0230U                                     | 0231U                                     |
|  |                              | 0232U   | 0234U  | 0235U                                     | 0236U                                     |
|  |                              | 0237U   | 0238U  | 0245U                                     | 0246U                                     |
|  |                              | 0250U   | 0252U  | 0253U                                     | 0254U                                     |
|  |                              | 0258U   | 0260U  | 0262U                                     | 0264U                                     |
|  |                              | 0265U   | 0266U  | 0267U                                     | 0268U                                     |
|  |                              | 0269U   | 0270U  | 0271U                                     | 0272U                                     |
|  |                              | 0273U   | 0274U  | 0276U                                     | 0277U                                     |
|  |                              | 0278U   | 0282U  | 0285U                                     | 0286U                                     |
|  |                              | 0287U   | 0288U  | 0289U                                     | 0290U                                     |
|  |                              | 0291U   | 0292U  | 0293U                                     | 0294U                                     |
|  |                              | 0296U   | 0297U  | 0298U                                     | 0299U                                     |
|  |                              | 0300U   | S3870  |   |   |
|  | <b>Home health care</b>      | Prior authorization required only in outpatient settings — to include member's home | S9122<br>T1030                                     | S9123<br>T1031                            | S9124                                     |
| <b>Hysterectomy</b>                          | Prior authorization required | 58150<br>58262<br>58275<br>58542<br>58552<br>58572                                  | 58152<br>58263<br>58290<br>58543<br>58553<br>58573 | 58180<br>58267<br>58291<br>58544<br>58570 | 58260<br>58270<br>58292<br>58550<br>58571 |
| <b>Injectable medications</b>                | Prior authorization required | <b>Actemra®</b><br>J3262<br><b>Acthar®</b>  |  |   |   |

| Procedures and services        | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |
|--------------------------------|-------------------------|--|-------|-------|-------|
| Injectable medications (cont.) |                         | J0800  |       |       |       |
|                                | <b>Adakveo®</b>         |  |       |       |       |
|                                |                         | J0791  |       |       |       |
|                                | <b>Aduhelm®</b>         |  |       |       |       |
|                                |                         | J0172  |       |       |       |
|                                | <b>Aldurazym®</b>       |  |       |       |       |
|                                |                         | J1931  |       |       |       |
|                                | <b>Amondys 45</b>       |  |       |       |       |
|                                |                         | J1426  |       |       |       |
|                                | <b>Amvuttra™</b>        |  |       |       |       |
|                                |                         | J0225  |       |       |       |
|                                | <b>Apretude™</b>        |  |       |       |       |
|                                |                         | J0739  |       |       |       |
|                                | <b>Aralast NP®</b>      |  |       |       |       |
|                                |                         | J0256  |       |       |       |
|                                | <b>Avsola™</b>          |  |       |       |       |
|                                |                         | Q5121  |       |       |       |
|                                | <b>Benlysta</b>         |  |       |       |       |
|                                |                         | J0490  |       |       |       |
|                                | <b>Berinert®</b>        |  |       |       |       |
|                                |                         | J0597  |       |       |       |
|                                | <b>Botulinum toxins</b> |  |       |       |       |
|                                |                         | J0585  | J0586 | J0587 | J0588 |
|                                | <b>Brineura™</b>        |  |       |       |       |
|                                |                         | J0567  |       |       |       |
|                                | <b>Cabenuva™</b>        |  |       |       |       |
|                                |                         | J0741  |       |       |       |
|                                | <b>Cimzia®*</b>         |  |       |       |       |
|                                |                         | J0717  |       |       |       |
|                                | <b>Cinqair®</b>         |  |       |       |       |
|                                |                         | J2786  |       |       |       |
|                                | <b>Cinryze®</b>         |  |       |       |       |
|                                |                         | J0598  |       |       |       |
|                                | <b>Crysvita®</b>        |  |       |       |       |
|                                |                         | J0584  |       |       |       |
|                                | <b>Cutaquig®</b>        |  |       |       |       |
|                                |                         | J1551  |       |       |       |
|                                | <b>Elaprase®</b>        |  |       |       |       |
|                                | J1743                   |  |       |       |       |
| <b>Enjaymo®</b>                |                         |  |       |       |       |
|                                | J1302                   |  |       |       |       |
| <b>Entyvio®</b>                |                         |  |       |       |       |
|                                | J3380                   |  |       |       |       |
| <b>Evenity™</b>                |                         |  |       |       |       |
|                                | J3111                   |  |       |       |       |
| <b>Evkeeza™</b>                |                         |  |       |       |       |

| Procedures and services        | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |  |
|--------------------------------|------------------------|--|-------|-------|--|
| Injectable medications (cont.) |                        | J1305  |       |       |  |
|                                |                        | <b>Exondys 51™</b>   |       |       |  |
|                                |                        | J1428  |       |       |  |
|                                |                        | <b>Fabrazyme®</b>  |       |       |  |
|                                |                        | J0180  |       |       |  |
|                                |                        | <b>Fasenra™</b>  |       |       |  |
|                                |                        | J0517  |       |       |  |
|                                |                        | <b>Fensolvi®</b>   |       |       |  |
|                                |                        | J1951  |       |       |  |
|                                |                        | <b>Feraheme®</b>   |       |       |  |
|                                |                        | Q0138  |       |       |  |
|                                |                        | <b>Firmagon®</b>   |       |       |  |
|                                |                        | J9155  |       |       |  |
|                                |                        | <b>Fynetra®</b>  |       |       |  |
|                                |                        | Q5130  |       |       |  |
|                                |                        | <b>Gamifant®</b>   |       |       |  |
|                                |                        | J9210  |       |       |  |
|                                |                        | <b>Glassia®</b>  |       |       |  |
|                                |                        | J0257  |       |       |  |
|                                |                        | <b>Givlaari®</b>   |       |       |  |
|                                |                        | J0223  |       |       |  |
|                                |                        | <b>Hemgenix®</b>   |       |       |  |
|                                |                        | J1411  |       |       |  |
|                                |                        | <b>Ilaris®</b>   |       |       |  |
|                                |                        | J0638  |       |       |  |
|                                |                        | <b>Ilumya™</b>   |       |       |  |
|                                |                        | J3245  |       |       |  |
|                                |                        | <b>Inflectra®</b>  |       |       |  |
|                                |                        | Q5103  |       |       |  |
|                                |                        | <b>Injectafer®</b>   |       |       |  |
|                                |                        | J1439  |       |       |  |
|                                |                        | <b>IVIG (Intravenous immunoglobulin)</b>                     |       |       |  |
|                                | 90283                  | 90284  | J1459 | J1554 |  |
|                                | J1555                  | J1556  | J1557 | J1559 |  |
|                                | J1561                  | J1566  | J1568 | J1569 |  |
|                                | J1572                  | J1575  | J1599 |       |  |
|                                | <b>Kalbitor®</b>       |  |       |       |  |
|                                | J1290                  |  |       |       |  |
|                                | <b>Kanuma®</b>         |  |       |       |  |
|                                | J2840                  |  |       |       |  |
|                                | <b>Korsuva®</b>        |  |       |       |  |
|                                | J0879                  |  |       |       |  |
|                                | <b>Krystexxa®</b>      |  |       |       |  |
|                                | J2507                  |  |       |       |  |
|                                | <b>Lanreotide®</b>     |  |       |       |  |

| Procedures and services        | Additional information        | CPT® or HCPCS codes and/or how to obtain prior authorization |             |
|--------------------------------|-------------------------------|--|-------------|
| Injectable medications (cont.) |                               | J1932  |             |
|                                | <b>Lemtrada®</b>              |  |             |
|                                |                               | J0202  |             |
|                                | <b>Leqembi®</b>               |  |             |
|                                |                               | J0174  |             |
|                                | <b>Leqvio®</b>                |  |             |
|                                |                               | J1306  |             |
|                                | <b>Lumizyme®</b>              |  |             |
|                                |                               | J0221  |             |
|                                | <b>Lupron Depot®</b>          |  |             |
|                                |                               | J1950  |             |
|                                | <b>Lupron Depot, Eligard®</b> |  |             |
|                                |                               | J9217  |             |
|                                | <b>Luxturna™</b>              |  |             |
|                                |                               | J3398  |             |
|                                | <b>Makena®</b>                |  |             |
|                                |                               | J1726  | J1729 J2675 |
|                                | <b>Mepsevii®</b>              |  |             |
|                                |                               | J3397  |             |
|                                | <b>Monoferric®</b>            |  |             |
|                                |                               | J1437  |             |
|                                | <b>Naglazyme®</b>             |  |             |
|                                |                               | J1458  |             |
|                                | <b>Nexviazyme®</b>            |  |             |
|                                |                               | J0219  |             |
|                                | <b>Nplate®</b>                |  |             |
|                                |                               | J2796  |             |
|                                | <b>Nucala®</b>                |  |             |
|                                |                               | J2182  |             |
|                                | <b>Ocrevus™</b>               |  |             |
|                                |                               | J2350  |             |
|                                | <b>Octreotide acetate</b>     |  |             |
|                                | J2354                         |  |             |
| <b>Onpattro™</b>               |                               |  |             |
|                                | J0222                         |  |             |
| <b>Orencia®</b>                |                               |  |             |
|                                | J0129                         |  |             |
| <b>Oxlumo™</b>                 |                               |  |             |
|                                | J0224                         |  |             |
| <b>Panzyga®</b>                |                               |  |             |
|                                | J1576                         |  |             |
| <b>Parsabiv™</b>               |                               |  |             |
|                                | J0606                         |  |             |
| <b>Probuphine®</b>             |                               |  |             |
|                                | J0570                         |  |             |

| Procedures and services               | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |  |
|---------------------------------------|------------------------|--|-------|-------|--|
| <b>Injectable medications (cont.)</b> | <b>Prolastin-C®</b>    |  |       |       |  |
|                                       | J0256                  |  |       |       |  |
|                                       | <b>Prolia®</b>         |  |       |       |  |
|                                       | J0897                  |  |       |       |  |
|                                       | <b>Radicava®</b>       |  |       |       |  |
|                                       | J1301                  |  |       |       |  |
|                                       | <b>Reblozyl®</b>       |  |       |       |  |
|                                       | J0896                  |  |       |       |  |
|                                       | <b>Releuko®</b>        |  |       |       |  |
|                                       | Q5125                  |  |       |       |  |
|                                       | <b>Remicade®</b>       |  |       |       |  |
|                                       | J1745                  |  |       |       |  |
|                                       | <b>Renflexis®</b>      |  |       |       |  |
|                                       | Q5104                  |  |       |       |  |
|                                       | <b>Revcovi®</b>        |  |       |       |  |
|                                       | J3590                  |  |       |       |  |
|                                       | <b>Riabni™</b>         |  |       |       |  |
|                                       | Q5123                  |  |       |       |  |
|                                       | <b>Rituxan®</b>        |  |       |       |  |
|                                       | J9312                  |  |       |       |  |
|                                       | <b>Rituxan Hycela®</b> |  |       |       |  |
|                                       | J9311                  |  |       |       |  |
|                                       | <b>Ruconest®</b>       |  |       |       |  |
|                                       | J0596                  |  |       |       |  |
|                                       | <b>Ruxience®</b>       |  |       |       |  |
|                                       | Q5119                  |  |       |       |  |
|                                       | <b>Ryplazim™</b>       |  |       |       |  |
| J2998                                 |                        |  |       |       |  |
| <b>Sandostatin® LAR</b>               |                        |  |       |       |  |
| J2353                                 |                        |  |       |       |  |
| <b>Saphnelo®</b>                      |                        |  |       |       |  |
| J0491                                 |                        |  |       |       |  |
| <b>Scenesse®</b>                      |                        |  |       |       |  |
| J7352                                 |                        |  |       |       |  |
| <b>Signifor® LAR</b>                  |                        |  |       |       |  |
| J2502                                 |                        |  |       |       |  |
| <b>Simponi Aria®</b>                  |                        |  |       |       |  |
| J1602                                 |                        |  |       |       |  |
| <b>Skyrizi®</b>                       |                        |  |       |       |  |
| J2327                                 |                        |  |       |       |  |
| <b>Soliris®</b>                       |                        |  |       |       |  |
| J1300                                 |                        |  |       |       |  |
| <b>Sodium hyaluronate</b>             |                        |  |       |       |  |
|                                       | J7320                  | J7321  | J7322 | J7324 |  |
|                                       | J7325                  | J7326  | J7327 | J7329 |  |

| Procedures and services               | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization  |       |       |       |
|---------------------------------------|------------------------|---|-------|-------|-------|
| <b>Injectable medications (cont.)</b> |                        | J7331   | J7332 |       |       |
|                                       |                        | <b>Somatuline® Depot</b>                                      |       |       |       |
|                                       |                        | J1930   |       |       |       |
|                                       |                        | <b>Spevigo®</b>   |       |       |       |
|                                       |                        | J1747   |       |       |       |
|                                       |                        | <b>Spinraza™</b>  |       |       |       |
|                                       |                        | J2326   |       |       |       |
|                                       |                        | <b>Spravato™</b>  |       |       |       |
|                                       |                        | S0013   |       |       |       |
|                                       |                        | <b>Stelara®</b>   |       |       |       |
|                                       |                        | J3358   |       |       |       |
|                                       |                        | <b>Sublocade™</b>   |       |       |       |
|                                       |                        | Q9991   | Q9992 |       |       |
|                                       |                        | <b>Supprelin® LA</b>  |       |       |       |
|                                       |                        | J9226   |       |       |       |
|                                       |                        | <b>Synagis®*</b>  |       |       |       |
|                                       |                        | 90378   |       |       |       |
|                                       |                        | <b>Tepezza®</b>   |       |       |       |
|                                       |                        | J3241   |       |       |       |
|                                       |                        | <b>Tezspire™</b>  |       |       |       |
|                                       |                        | J2356   |       |       |       |
|                                       |                        | <b>Therapeutic radiopharmaceuticals</b>                       |       |       |       |
|                                       |                        | A9513   | A9590 | A9606 | A9607 |
|                                       |                        | A9699   |       |       |       |
|                                       |                        | <b>Trelstar®</b>  |       |       |       |
|                                       |                        | J3315   |       |       |       |
|                                       |                        | <b>Triptodur®</b>   |       |       |       |
|                                       |                        | J3316   |       |       |       |
|                                       |                        | <b>Trogarzo™</b>  |       |       |       |
|                                       |                        | J1746   |       |       |       |
|                                       |                        | <b>Truxima®</b>   |       |       |       |
|                                       |                        | Q5115   |       |       |       |
|                                       |                        | <b>Tzield®</b>  |       |       |       |
|                                       |                        | J9381   |       |       |       |
|                                       |                        | <b>Unclassified and temporary codes**</b>                     |       |       |       |
|                                       |                        | C9090   | C9094 | C9149 | C9151 |
|                                       |                        | C9399   | J3490 | J3590 |       |
|                                       |                        | <b>Uplizna®</b>   |       |       |       |
|                                       |                        | J1823   |       |       |       |
|                                       |                        | <b>Ultomiris™</b>   |       |       |       |
|                                       |                        | J1303   |       |       |       |
|                                       |                        | <b>Intravitreal Vascular Endothelial Growth Factor (VEGF)</b> |       |       |       |
|                                       |                        | J0178   | J0179 | J2777 | J2778 |
|                                       |                        | J2779   | Q5124 | Q5128 |       |
|                                       |                        | <b>Viltepso™</b>  |       |       |       |

| Procedures and services  | Additional information       | CPT® or HCPCS codes and/or how to obtain prior authorization  |  |  |   |
|--|------------------------------|---|--|--|---|
| <b>Injectable medications (cont.)</b>  |                              | J1427<br><b>Vimizim®</b><br>J1322<br><b>Vyepti™</b><br>J3032<br><b>Vyondys 53</b><br>J1429<br><b>Vyvgart™</b><br>J9332<br><b>Xembify®</b><br>J1558<br><b>Xenpozyme®</b><br>J0218<br><b>Xolair®</b><br>J2357<br><b>Zemaira®</b><br>J0256<br><b>Zoladex®</b><br>J9202<br><b>Zolgensma®</b><br>J3399 |  |  | <p>Please check our Review at Launch for New to Market Medications Policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications Policy is available at <a href="https://UHCprovider.com/policies">UHCprovider.com/policies</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>* Please obtain prior notification for Cimzia, Synagis and Xolair through OptumRx Prior Notification Services at <b>800-310-6826</b>.</p> <p>** For unclassified and temporary codes, C9090, C9094, C9151, C9399, J3490 and J3590 prior authorization is only required for Nulibry™, Purified Cortrophin Gel™, Syfovre®, Vabysmo™</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> 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></p> |
| <b>Joint replacement</b><br>Joint, total hip and knee replacement procedures | Prior authorization required | 24360<br>24370<br>27130<br>27138<br>27486<br>29868  | 24361<br>24371<br>27132<br>27412<br>27487<br>J7330 | 24362<br>27120<br>27134<br>27446<br>29866<br>S2112 | 24363<br>27125<br>27137<br>27447<br>29867   |
| <b>Massage therapy</b>   | Prior authorization required | 97010   | 97112  | 97124  | 97140   |

| Procedures and services                              | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |
|--|---|--|-------|-------|-------|
| <b>Musculoskeletal</b>                               | Prior authorization required  | 23470  | 23472 | 23473 | 23474 |
| <b>Non-emergent air ambulance transport</b>          | Prior authorization required  | A0430  | A0431 | A0435 | A0436 |
| <b>Orthognathic surgery</b>                          | Prior authorization required  | 21121  | 21123 | 21125 | 21127 |
| Treatment of maxillofacial/jaw functional impairment |   | 21141  | 21142 | 21143 | 21145 |
|  |   | 21146  | 21147 | 21150 | 21151 |
|  |   | 21154  | 21155 | 21159 | 21160 |
|  |   | 21188  | 21193 | 21194 | 21195 |
|  |   | 21196  | 21198 | 21199 | 21206 |
|  |   | 21208  | 21209 | 21210 | 21215 |
|  |   | 21240  | 21242 | 21244 | 21245 |
|  |   | 21246  | 21247 | 21248 | 21249 |
|  |   | 21255  | 21296 | 21299 |       |
| <b>Orthotics and Prosthetics</b>                     | Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500 | L0170  | L0456 | L0462 | L0464 |
|  |   | L0480  | L0482 | L0484 | L0486 |
|  |   | L0624  | L0629 | L0631 | L0700 |
|  |   | L0710  | L0810 | L0820 | L0830 |
|  |   | L0859  | L1000 | L1005 | L1200 |
|  |   | L1300  | L1310 | L1499 | L1680 |
|  |   | L1685  | L1700 | L1710 | L1720 |
|  |   | L1730  | L1755 | L1820 | L1832 |
|  |   | L1834  | L1840 | L1844 | L1845 |
|  |   | L1846  | L1847 | L1850 | L1860 |
|  |   | L1945  | L1950 | L1970 | L2000 |
|  |   | L2005  | L2010 | L2020 | L2030 |
|  |   | L2034  | L2036 | L2037 | L2038 |
|  |   | L2060  | L2106 | L2108 | L2126 |
|  |   | L2136  | L2350 | L2510 | L2526 |
|  |   | L2627  | L2628 | L3230 | L3649 |
|  |   | L3671  | L3720 | L3730 | L3740 |
|  |   | L3763  | L3764 | L3900 | L3901 |
|  |   | L3904  | L3905 | L3961 | L3971 |
|  |   | L3975  | L3976 | L3977 | L3999 |
|  |   | L4000  | L4010 | L4020 | L4210 |
|  |   | L4350  | L4392 | L4394 | L5010 |
|  |   | L5020  | L5050 | L5060 | L5100 |
|  |   | L5105  | L5150 | L5160 | L5200 |
|  |   | L5210  | L5220 | L5230 | L5250 |
|  |   | L5280  | L5301 | L5321 | L5331 |
|  |   | L5341  | L5400 | L5420 | L5460 |
|  |   | L5530  | L5535 | L5540 | L5560 |
|  |   | L5580  | L5585 | L5590 | L5595 |
|  |   | L5600  | L5610 | L5613 | L5614 |
|  |   | L5616  | L5639 | L5640 | L5642 |



| Procedures and services           | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |
|-----------------------------------|------------------------|--|-------|-------|-------|
| Orthotics and prosthetics (cont.) |                        | L5643  | L5644 | L5646 | L5647 |
|                                   |                        | L5648  | L5649 | L5651 | L5653 |
|                                   |                        | L5661  | L5673 | L5682 | L5700 |
|                                   |                        | L5702  | L5705 | L5706 | L5716 |
|                                   |                        | L5718  | L5722 | L5724 | L5726 |
|                                   |                        | L5728  | L5780 | L5790 | L5795 |
|                                   |                        | L5811  | L5812 | L5814 | L5816 |
|                                   |                        | L5818  | L5822 | L5824 | L5826 |
|                                   |                        | L5828  | L5830 | L5845 | L5848 |
|                                   |                        | L5857  | L5858 | L5930 | L5950 |
|                                   |                        | L5960  | L5961 | L5962 | L5964 |
|                                   |                        | L5966  | L5968 | L5973 | L5976 |
|                                   |                        | L5979  | L5980 | L5981 | L5982 |
|                                   |                        | L5984  | L5986 | L5987 | L5988 |
|                                   |                        | L5990  | L5999 | L6000 | L6010 |
|                                   |                        | L6020  | 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 | L6623 |
|                                   |                        | L6624  | L6648 | L6686 | L6687 |
|                                   |                        | L6689  | L6690 | L6692 | L6693 |
|                                   |                        | L6704  | L6707 | L6708 | L6709 |
|                                   |                        | L6715  | L6880 | L6881 | L6882 |
|                                   |                        | L6900  | L6905 | L6910 | L6915 |
|                                   |                        | L6920  | L6925 | L6930 | L6935 |
|                                   |                        | L6940  | L6945 | L6950 | L6955 |
|                                   |                        | L6960  | L6965 | L6970 | L6975 |
|                                   |                        | L7007  | L7008 | L7009 | L7040 |
|                                   |                        | L7045  | L7170 | L7180 | L7181 |
|                                   |                        | L7185  | L7186 | L7190 | L7191 |
|                                   |                        | L7405  | L8040 | L8042 | L8043 |
|                                   |                        | L8044  | L8045 | L8046 | L8047 |
|                                   |                        | L8499  | L8609 | L8610 | L8612 |
|                                   |                        | L8631  | L8659 |       |       |

**Outpatient therapy**      Prior authorization required

For prior authorization of the following evaluation and re-evaluation codes listed below:

- The request must be submitted by a primary care provider
- Please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on our Provider Portal dashboard.

70371                      92521                      92522                      92523



| Procedures and services              | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization  |       |       |       |
|--------------------------------------|---|---|-------|-------|-------|
| <b>Outpatient therapy (cont.)</b>    |   | 92524   | 92597 | 92609 | 92610 |
|                                      |   | 92626   | 92627 | 92630 | 96105 |
|                                      |   | 97161   | 97162 | 97163 | 97164 |
|                                      |   | 97165   | 97166 | 97167 | 97168 |
|                                      |   | S9152   |       |       |       |
|                                      |   | For prior authorization of the following outpatient therapy codes, please call OptumHealth Physical Health at <b>800-873-4575</b> or the notification number on the back of the member's health plan ID card. |       |       |       |
|                                      |   | 92507   | 92508 | 92526 | 92633 |
|                                      |   | 97012   | 97014 | 97016 | 97018 |
|                                      |   | 97022   | 97024 | 97026 | 97028 |
|                                      |   | 97032   | 97033 | 97034 | 97035 |
|                                      |   | 97036   | 97039 | 97112 | 97113 |
|                                      |   | 97116   | 97139 | 97140 | 97150 |
|                                      |   | 97530   | 97533 | 97535 | 97537 |
|                                      |   | 97542   | 97545 | 97546 | 97750 |
|                                      |   | 97755   | 97760 | 97761 | 97799 |
|                                      |   | 97110*  | G0129 | G0281 | G0282 |
|                                      |   | G0283   | G0515 | S8990 | S9129 |
|                                      |   | S9131   |       |       |       |
|                                      |   | Or billed with the following revenue codes:   |       |       |       |
|                                      | 419   | 420   | 421   | 422   |       |
|                                      | 423   | 424   | 429   | 430   |       |
|                                      | 431   | 432   | 433   | 434   |       |
|                                      | 439   | 977   | 978   |       |       |
|                                      | * Prior authorization is not required for Place of Service Home/12/Bill Type 3XX. |   |       |       |       |
| <b>Potentially Unproven Services</b> | Prior authorization required  | 33289   | C2624 |       |       |
| <b>Prostate procedures</b>           | Prior authorization required  | 37243   | 52441 | 52442 | 53852 |
|                                      |   | 55873   | 55874 |       |       |
| <b>Radiation therapy</b>             | Prior authorization required  | <b>IGRT</b><br>Image-guided radiation therapy   |       |       |       |
|                                      |   | 77014   | 77387 | G6001 | G6002 |
|                                      |   | <b>IMRT</b><br>Intensity-modulated radiation therapy  |       |       |       |
|                                      |   | 77385   | 77386 |       |       |
|                                      |   | <b>Proton beam</b><br>Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)  |       |       |       |
|                                      |   | 77520   | 77522 | 77523 | 77525 |
|                                      |   | <b>Special/associated services</b>  |       |       |       |
|                                      |   | 77331   | 77370 | 77399 | 77470 |
|                                      |   | <b>SRS/SBRT</b>   |       |       |       |
|                                      |   | 77371   | 77372 | 77373 |       |

| Procedures and services   | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization   |                         |                         |                         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|---|---|--|-------------------------|-------------------------|-------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|   |   | <p><b>Standard radiation therapy (2D/3D)</b></p> <p>Prior authorization required only when obtained with diagnosis codes in the following ranges:<br/>C34.00–C34.92, C50.011–C50.929, C61, C79.51–C79.52, C84.7A, D05.00–D05.92</p> <table border="0"> <tr> <td>77401</td> <td>77402</td> <td>77407</td> <td>77412</td> </tr> <tr> <td>G6003</td> <td>G6004</td> <td>G6005</td> <td>G6006</td> </tr> <tr> <td>G6007</td> <td>G6008</td> <td>G6009</td> <td>G6010</td> </tr> <tr> <td>G6011</td> <td>G6012</td> <td>G6013</td> <td>G6014</td> </tr> </table> <p>Or billed with the following revenue codes:</p> <p><b>Y90</b></p> <p>Implantable beta-emitting microspheres for treatment of malignant tumors</p> <table border="0"> <tr> <td>79445</td> <td>S2095</td> </tr> </table>  |                         |                         |                         | 77401 | 77402 | 77407 | 77412 | G6003 | G6004 | G6005 | G6006 | G6007 | G6008 | G6009 | G6010 | G6011 | G6012 | G6013 | G6014 | 79445 | S2095 |
| 77401   | 77402   | 77407  | 77412                   |                         |                         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| G6003   | G6004   | G6005  | G6006                   |                         |                         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| G6007   | G6008   | G6009  | G6010                   |                         |                         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| G6011   | G6012   | G6013  | G6014                   |                         |                         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 79445   | S2095   |  |                         |                         |                         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|   | <p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul> | <p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, go to <b>UHCprovider.com</b> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your portal dashboard. Or call <b>866-889-8054</b>.</p> <ul style="list-style-type: none"> <li>For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/FLcommunityplan">UHCprovider.com/FLcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</li> </ul> |                         |                         |                         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>Radiology</b>  | Prior authorization required  | 0697T<br>0712T   | 0698T<br>0713T          | 0710T                   | 0711T                   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>Rhinoplasty and septoplasty</b><br>Treatment of nasal functional impairment and septal deviation | Prior authorization required  | 30400<br>30435<br>30465  | 30410<br>30450          | 30420<br>30460          | 30430<br>30462          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>Shoulder surgery</b>   | Prior authorization required  | 29805<br>29820<br>29825  | 29806<br>29822<br>29826 | 29807<br>29823<br>29827 | 29819<br>29824<br>29828 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>Sinuplasty</b>   | Prior authorization required  | 31295  | 31296                   | 31297                   | 31298                   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>Site of service (SOS) – outpatient hospital</b>  | <p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center (ASC)</p>  | <p><b>Carpal tunnel surgery</b></p> <p>64721</p> <p><b>Cataract surgery</b></p> <table border="0"> <tr> <td>66821</td> <td>66982</td> <td>66984</td> </tr> </table> <p><b>Colonoscopy</b></p> <table border="0"> <tr> <td>45378</td> <td>45380</td> <td>45384</td> <td>45385</td> </tr> </table> <p><b>Ear, nose and throat (ENT) procedures</b></p> <p>69436</p> <p><b>Gynecologic procedures</b></p>   |                         |                         |                         | 66821 | 66982 | 66984 | 45378 | 45380 | 45384 | 45385 |       |       |       |       |       |       |       |       |       |       |       |
| 66821   | 66982   | 66984  |                         |                         |                         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 45378   | 45380   | 45384  | 45385                   |                         |                         |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

|   |       |       |       |  |
|---|-------|-------|-------|--|
| 57522   | 58558 | 58563 |       |  |
| <b>Hernia repair</b>                              |       |       |       |  |
| 49505   |       |       |       |  |
| <b>Miscellaneous</b>                              |       |       |       |  |
| 20680   |       |       |       |  |
| <b>Ophthalmologic</b>                             |       |       |       |  |
| 65426   |       |       |       |  |
| <b>Tonsillectomy and adenoidectomy</b>            |       |       |       |  |
| 42820   | 42821 | 42825 | 42826 |  |
| 42830   |       |       |       |  |
| <b>Upper and lower gastrointestinal endoscopy</b> |       |       |       |  |
| 43235   | 43239 | 43249 |       |  |
| <b>Urologic procedures</b>                        |       |       |       |  |
| 52000   | 52005 |       |       |  |

|  |                              |       |       |       |  |
|--|------------------------------|-------|-------|-------|--|
| <b>Sleep apnea procedures and surgeries</b><br>Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea | Prior authorization required | 21685 | 41599 | 42145 |  |
|--|------------------------------|-------|-------|-------|--|

|                       |                              |       |       |       |       |
|-----------------------|------------------------------|-------|-------|-------|-------|
| <b>Spinal surgery</b> | Prior authorization required | 22100 | 22101 | 22102 | 22110 |
|                       |                              | 22112 | 22114 | 22206 | 22207 |
|                       |                              | 22210 | 22212 | 22214 | 22220 |
|                       |                              | 22224 | 22510 | 22511 | 22512 |
|                       |                              | 22513 | 22515 | 22532 | 22533 |
|                       |                              | 22548 | 22551 | 22554 | 22556 |
|                       |                              | 22558 | 22586 | 22590 | 22595 |
|                       |                              | 22600 | 22610 | 22612 | 22630 |
|                       |                              | 22633 | 22800 | 22802 | 22804 |
|                       |                              | 22808 | 22810 | 22812 | 22818 |
|                       |                              | 22819 | 22830 | 22849 | 22850 |
|                       |                              | 22852 | 22855 | 22856 | 22861 |
|                       |                              | 22864 | 22865 | 22899 | 63001 |
|                       |                              | 63003 | 63005 | 63011 | 63012 |
|                       |                              | 63015 | 63016 | 63017 | 63020 |
|                       |                              | 63030 | 63040 | 63042 | 63045 |
|                       |                              | 63046 | 63047 | 63050 | 63055 |
|                       |                              | 63056 | 63064 | 63075 | 63077 |
|                       |                              | 63081 | 63085 | 63087 | 63090 |
|                       |                              | 63101 | 63102 | 63170 | 63172 |
| 63173                 | 63185                        | 63190 | 63191 |       |       |
| 63200                 | 63250                        | 63251 | 63252 |       |       |
| 63265                 | 63267                        | 63268 | 63270 |       |       |
| 63271                 | 63272                        | 63286 | 63300 |       |       |
| 63301                 | 63302                        | 63303 | 63304 |       |       |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

|       |       |       |       |
|-------|-------|-------|-------|
| 63305 | 63306 | 63307 | 63308 |
| 0095T | 0098T | 0164T |       |

|   |                              |                               |       |       |       |
|---|------------------------------|-------------------------------|-------|-------|-------|
| <b>Stimulators</b><br>Implantation of a device that sends electrical impulses | Prior authorization required | <b>Bone growth stimulator</b> |       |       |       |
|   |                              | E0747                         | E0748 | E0749 | E0760 |
|   |                              | <b>Neurostimulator</b>        |       |       |       |
|   |                              | 43648                         | 43881 | 43882 | 61863 |
|   |                              | 61864                         | 61867 | 61868 | 61885 |
|   |                              | 61886                         | 63650 | 63655 | 63685 |
|   |                              | 64553                         | 64555 | 64568 | 64570 |
|   |                              | 64590                         | 0312T | 0313T | 0314T |
|   |                              | 0315T                         | 0316T | 0317T | L8680 |
|   |                              | L8682                         | L8685 | L8686 | L8687 |
|   |                              | L8688                         |       |       |       |

|                    |                              |   |       |       |       |
|--------------------|------------------------------|---|-------|-------|-------|
| <b>Transplants</b> | Prior authorization required | For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocaptagene), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card. |       |       |       |
|                    |                              | 32850   | 32851 | 32852 | 32853 |
|                    |                              | 32854   | 32855 | 32856 | 33930 |
|                    |                              | 33933   | 33935 | 33940 | 33944 |
|                    |                              | 33945   | 38208 | 38209 | 38210 |
|                    |                              | 38212   | 38213 | 38214 | 38215 |
|                    |                              | 38232*  | 38240 | 38241 | 38242 |
|                    |                              | 44132   | 44133 | 44135 | 44136 |
|                    |                              | 44137   | 44715 | 44720 | 44721 |
|                    |                              | 47133   | 47135 | 47140 | 47141 |
|                    |                              | 47142   | 47143 | 47144 | 47145 |
|                    |                              | 47146   | 47147 | 48551 | 48552 |
|                    |                              | 48554   | 50300 | 50320 | 50323 |
|                    |                              | 50325   | 50340 | 50360 | 50365 |
|                    |                              | 50370   | 50547 | S2060 | S2061 |
|                    |                              | S2152   |       |       |       |
|                    |                              | <b>CAR T-cell therapy</b>   |       |       |       |
|                    |                              | 0537T   | 0538T | 0539T | 0540T |
|                    |                              | J9999   | Q2041 | Q2042 | Q2053 |
|                    |                              | Q2054   | Q2055 | Q2055 | Q2056 |
|                    |                              | *Code 38232 will only require prior authorization for an oncology diagnosis   |       |       |       |
|                    |                              | <b>Gene Therapy</b>   |       |       |       |
|                    |                              | C9399   | J3490 | J3590 |       |

| Procedures and services   | Additional information       | CPT® or HCPCS codes and/or how to obtain prior authorization   |       |       |       |
|---|------------------------------|--|-------|-------|-------|
| <b>Vein procedures</b>  | Prior authorization required | 36468  | 36473 | 36475 | 36478 |
| Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities |                              | 37700  | 37718 | 37722 | 37765 |
|   |                              | 37766  | 37780 |       |       |
| <b>Ventricular assist devices (VAD)</b>   | Prior authorization required | Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at <b>855-282-8929</b> . |       |       |       |
| A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow                                 |                              | 33927  | 33928 | 33929 | 33975 |
|   |                              | 33976  | 33979 | 33981 | 33982 |
|   |                              | 33983  | Q0507 | Q0508 | Q0509 |