

Prior authorization requirements for Preferred Care Network and Preferred Care Partners of Florida

Effective March 1, 2026

General information

This list contains prior authorization requirements for participating Preferred Care Network and Preferred Care Partners of Florida health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **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 [2024 UnitedHealthcare Care Provider Administrative Guide](#) for commercial and Medicare Advantage plans including UnitedHealthcare West fee-for-service. The plans listed in the following table require prior authorization for in-network services.

Plans included
Preferred Care Network: <ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• 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, 8 a.m.–5 p.m., ET, Monday–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	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 – Non-mastectomy Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19325	L8600
		Notification or prior authorization is not required for the following diagnosis codes:			
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Z90.10	Z90.11	Z90.12	Z90.13
Z42.1			

Cancer supportive care

Prior authorization required for colony-stimulating factor drugs and bone-modifying agent(s) administered in an outpatient setting for a cancer diagnosis
 *Codes J1442, J1447, Q5108, Q5110, Q5111, and Q5122 also require prior authorization for non-oncology Dx. See injectable medications section.

Anti-emetics that require prior authorization:

Akynzeo™ (palonosetron/fosnetupitant)
 J1454
 Cinvanti® (aprepitant)
 J0185
 Emend® (fosaprepitant)
 J1453
 Sustol® (granisetron extended release)
 J1627

Injectable colony-stimulating factor drugs that require prior authorization:

Filgrastim (Neupogen®)
 J1442*
 Filgrastim-aafi (Nivestym®)
 Q5110*
 Filgrastim-sndz (Zarxio®)
 Q5101
 Pegfilgrastim (Neulasta®)
 J2506
 Pegfilgrastim-apgf (Nyvepria®)
 Q5122*
 Pegfilgrastim-cbqv (Udenyca®)
 Q5111*
 Pegfilgrastim-jmdb (Fulphila®)
 Q5108*
 Sargramostim (Leukine®)
 J2820
 Tbo-filgrastim (Granix®)
 J1447*
 Trilaciclib (Cosela™)
 J1448

Bone-modifying agent that requires prior authorization:
 Denosumab (Prolia®, Xgeva®)
 J0897

Antiemetic drugs

J1434
 J1456
 J2468

Colony-stimulating factors

J1449
 Q5148

Erythropoiesis-stimulating agents

J0885

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Cancer supportive care (cont.)		UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 .			
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Cardiology services	Prior authorization no longer required				
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Cardiovascular	Prior authorization is required	Cardiology			
		93653		93656	
				Vascular	
		37254*	37256*	37258*	37260*
		37263*	37265*	37267*	37269*
		37271*	37273*	37275*	37277*
		37280*	37282*	37284*	37286*
		37288*	37290*	37292*	37294*
		37296*	37298*		

*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
I70.228	I70.229	I70.231	I70.232
I70.233	I70.234	I70.235	I70.238
I70.239	I70.241	I70.242	I70.243
I70.244	I70.245	I70.248	I70.249
I70.25	I70.261	I70.262	I70.263
I70.268	I70.269	I70.321	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		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			
	Cartilage implants	Prior authorization required	27415	27416	

Chemotherapy services Notification required for injectable chemotherapy drugs administered in an

Injectable chemotherapy drugs that require notification:

- Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642)

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	<ul style="list-style-type: none"> Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129.</p>			
Cochlear implants and 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	Prior authorization required	69714 L8690	69930 L8691	L8614 L8692	L8619
Continuous Glucose Monitor	Prior authorization required	A4238	A4239	E2102	E2103
Cosmetic and reconstructive procedures	Prior authorization required	11960 15822 15877	11971 15823 15878	15820 15830 15879	15821 15847 17106
Achieve conversational speech	Advance notification is required for inpatient or outpatient services.	17107 21175 21182	17108 21179 21183	17999 21180 21184	21172 21181 21230
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		21235 21256 21267 28344 30620 31298	21248 21260 21268 30540 31295 31299	21249 21261 21275 30545 31296 67900	21255 21263 21299 30560 31297 67901
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67902 67908 67961	67903 67909 67966	67904 67912 Q2026	67906 67950

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization																																																											
Durable medical equipment (DME)	All requests for durable medical equipment should be directed to a health plan contracted vendor.	E0470	E0471	E0472	E0650																																																								
		E0651	E0652	E0655	E0656																																																								
		E0660	E0665	E0667	E0668																																																								
		E0669	E0671	E0672	E0673																																																								
	For more information, please call the number on the member's health plan ID card.	E0675																																																											
End-stage renal disease/dialysis services Services for the treatment of end-stage renal disease (ESRD) require advance notification, which includes outpatient dialysis services.	Advance notification is required if a member is referred to an out-of-network care provider for dialysis services. Using an in-network dialysis center can help our members avoid high-cost shares, even when they may have out-of-network benefits. Advance notification isn't required for ESRD when a Medicare member travels outside of the service area. Note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare network.	To enroll or refer a Medicare member to the Kidney Resource Service, please call 866-561-7518.																																																											
Gender dysphoria treatment	Prior authorization required	<p>Notification or prior authorization is required for the following regardless of diagnosis code:</p> <p>55970 55980</p> <p>Notification or prior authorization is required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890:</p> <table border="1"> <tr> <td>14000</td> <td>14001</td> <td>14041</td> <td>15734</td> </tr> <tr> <td>15738</td> <td>15750</td> <td>15757</td> <td>15758</td> </tr> <tr> <td>15775</td> <td>15776</td> <td>15780</td> <td>15781</td> </tr> <tr> <td>15782</td> <td>15783</td> <td>15788</td> <td>15789</td> </tr> <tr> <td>15792</td> <td>15793</td> <td>19303</td> <td>21899</td> </tr> <tr> <td>31599</td> <td>31899</td> <td>53410</td> <td>53420</td> </tr> <tr> <td>53425</td> <td>53430</td> <td>54125</td> <td>54400</td> </tr> <tr> <td>54401</td> <td>54405</td> <td>54408</td> <td>54520</td> </tr> <tr> <td>54660</td> <td>54690</td> <td>55175</td> <td>55180</td> </tr> <tr> <td>55866</td> <td>56625</td> <td>56800</td> <td>56805</td> </tr> <tr> <td>57106</td> <td>57110</td> <td>57291</td> <td>57292</td> </tr> <tr> <td>57295</td> <td>57296</td> <td>57335</td> <td>57426</td> </tr> <tr> <td>58661</td> <td>58720</td> <td>58940</td> <td>64856</td> </tr> <tr> <td>64892</td> <td>64896</td> <td>92507</td> <td>92508</td> </tr> </table>				14000	14001	14041	15734	15738	15750	15757	15758	15775	15776	15780	15781	15782	15783	15788	15789	15792	15793	19303	21899	31599	31899	53410	53420	53425	53430	54125	54400	54401	54405	54408	54520	54660	54690	55175	55180	55866	56625	56800	56805	57106	57110	57291	57292	57295	57296	57335	57426	58661	58720	58940	64856	64892	64896	92507	92508
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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*	Q5002*	Q5009*	
		*Applies to Alabama only.			
Hysterectomy (abdominal and laparoscopic surgeries) - Inpatient and outpatient procedures	Prior authorization required	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570
Hysterectomy (vaginal) - Inpatient only	No prior is authorization required for outpatient vaginal hysterectomies.	58260 58270 58294	58262 58290	58263 58291	58267 58292
Injectable medications	Prior authorization required	Anemia J0896 – Reblozyl Alzheimers J0174 – Leqembi J0175 – Kisunla Asthma J2786 – Cinqair J0517 – Fasentra J2182 – Nucala J2356 – Tezspire Bloody Modifying Agents J0223 – Givlaari J1299 – Soliris J1302 – Enjaymo J1303 – Ultomiris J1307 – PiaSky J9332 – Vyvgart J9333 – Rystiggo J9334 – Vyvgart Hytrulo			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Q5151 – Epyqli
		Q5152 – Bkempv
		Bone Density Agents
		Q5158 – Connexence
		J3111 – Evenity
		Q5136 – Jubbonti
		J0897 – Prolia
		Q5157 – Stoboclo
		Botulinum Toxins
		J0585 – Botox
		J0586 – Dysport
		J0587 – Myobloc
		J0588 – Xeomin
		J0589 – Daxxify
		Cardiology
		J1306 – Leqvio
		Central Nervous System Agents
		J0222 – Onpattro
		J0225 – Amvuttra
		J1301 – Radicava
		J1304 – Qalsody
		J2326 – Spinraza
		J3032 – Vyepiti
		J9332 – Vyvgart
		J9333 – Rystiggo
		J9334 – Vyvgart Hytrulo
		Endocrine

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
		J0224 – Oxlumo	
		J0584 – Crysvida	
		J2507 – Krystexxa	
		J3241 – Tepezza	
		Gene Therapy	
		J1411 – Hemgenix	
		J1412 – Roctavian	
		J1413 – Elevidys	
		J3392 – Beqvez	
		J3401 – Vyjuvek	
		J3398 – Luxturna	
		J3399 – Zolgensma	
		J3403 – Encelto	
		Q5136 – Jubbonti	
		Hyaluronic Acid Polymers	
		J7320 – Genvisc 850	
		J7321 – Hyalgan/Supartz/Supartz FX/Visco-3	
		J7322 – Hymovis	
		J7323 – Euflexxa	
		J7324 – Orthovisc	
		J7326 – Gel-One	
		J7327 – Monovisc	
		J7329 – TriVisc	
		J7331 – Synjojoynt	
		J7332 – Triluron	
		Immune Globulins (IVIG, SCIG)	
		90283	J1459
		90284	J1551
		J1552	J1556
		J1554	J1555

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J1557	J1558	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575	J1576	J1599	
		Immune Modulator			
		J0491 – Saphnelo			
		J9038 – Niktimvo			
		J1823 – Uplizna			
		J9381 – Tziel			
		Inflammatory Conditions			
		J0129 – Orencia			
		J1628 – Tremfya IV			
		J1747 – Spevigo			
		J2267 – Omvoh			
		J2327 – Skyrizi			
		J3247 – Cosentyx IV			
		J3358 – Stelara			
		J3380 – Entyvio			
		Q5098 – Imuldosa			
		Q5099 – Steqeyma			
		Q5100 – Yesintek			
		Q5138 – Wezlana			
		Q5156 – Avtozma			
		Q9997 – Pyzchiva			
		Q9998 – Selarsdi			
		Q9999 – Otulfi			
		Infliximab			
		J1745 – Remicade			
		Intravenous Iron Replacement			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		J1437 – Monoferric
		J1439 – Injectafer
		Multiple Sclerosis
		J2329 – Briumvi
		J2350 – Ocrevus
		J2351 – Ocrevus Zunovo
		Ophthalmologic Agents
		J2781 – Syfovre
		J2782 – Izervay
		Rare Conditions
		J1305 – Evkeeza
		J2998 – Ryplazim
		J7171 – Adzynma
		Rituximab
		Q5123 – Riabni
		Q5119 – Ruxience
		Q5115 – Truxima
		J9311 – Rituxan Hycela
		J9312 – Rituxan
		Sickle Cell Disease
		J0791 – Adakveo
		Tocilizumab
		J3262 – Actemra
		Q5133 – Tofidence
		Q5135 – Tyenne
		Vascular Endothelial Growth Factor Inhibitors (VEGF)
		J0177 – Eylea HD

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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J0178 – Eylea

J0179 – Beovu

J2777 – Vabysmo

J2778 – Lucentis

J2779 – Susvimo

Q5124 – Byooviz

Q5128 – Cimerli

Q5147 – Pavblu

White Blood Cell Colony Stimulating Factors

J1442 – Neupogen

J1447 – Granix

J1449 – Rolvedon

J2506 – Neulasta

J9361 – Ryzneuta

Q5108 – Fulphila

Q5110 – Nivestym

Q5111 - Udenyca

Q5120 – Ziextenzo

Q5122 – Nyvepria

Q5125 – Releuko

Q5127 – Stimufend

Q5130 – Fylnetra

Q5148 – Nypozi

Q5101 - Zarxio

To submit a prior authorization, use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at uhcprovider.com. After you sign in, select the Prior Authorization link. From the “Create a new authorization submission” section, select Specialty Pharmacy from the dropdown menu. Or, you can call 888-397-8129

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Unclassified and temporary codes*			
		J3490	J3590	C9399	C9305
		* Kebilidi, Rivfloza, Starjemza			
Inpatient admissions	Notification required				
Inpatient admissions: Acute inpatient rehabilitation (AIR)/ long-term acute care (LTAC)/skilled nursing facility (SNF)	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities <p>Note: These plans are excluded from the skilled nursing facility prior authorization requirement:</p> <ul style="list-style-type: none"> • UnitedHealthcare Assisted Living Plans (HMO-SNP), (HMO-POS SNP), (PPO-SNP) • UnitedHealthcare Nursing Home plan 	<p>naviHealth manages prior authorization for in-scope membership. Phone: 855-851-1127 Fax: 844-244-9482</p>			
Non-emergency air transport Non-urgent ambulance transportation by air between specified location	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21120	21121	21122	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247		
Orthopedic – spine and joint surgeries	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22222	22224	22532	22533
		22548	22551	22554	22556
		22558	22590	22595	22600
		22610	22612	22630	22633

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22867
		22869	22899	23470	23472
		24360	24361	24362	24363
		24365	25441	25442	25444
		25446	25449	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29834
		29837	29838	29840	29844
		29845	29846	29847	29866
		29867	29868	29891	29892
		29894	29895	29897	29898
		29899	29914	29915	29916
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63051	63055	63056	63064
		63075	63077	63081	63085
		63087	63090	63101	63102
		63170	63172	63173	63185
		63190	63191	63197	63200
		0200T	0201T	J7330	

Out-of-network services

A recommendation from a network physician or care provider to a hospital, physician or other care provider who isn't contracted with Preferred Care Network and/or Preferred Care Partners.

Note: Your agreement with Preferred Care Network or Preferred Care Partners may include restrictions on directing members outside of the network. Your patients who use out-of-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage. **Advance notification is required for Preferred Care Network and Preferred Care Partners members when:** A network physician or health care professional directs a member to an out-of-network facility, physician or other care provider and the member's benefit plan doesn't

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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, investigational and/or linked services	Prior authorization required	28890 64722 95966	33289 64744 C2624	36514 66180	64405 95965
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> – Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials <p>Cohort studies in the prevailing published peer-reviewed medical literature</p>					
Prostate procedures	Prior authorization required	52441	52442	55874	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520 77522 77523 77525
Radiation therapy	Prior authorization no longer required	IGRT 77387 Proton Beam Therapy (PBT) 77520 77522 77523 77525 Radiation Treatment Delivery 77402* 77407 77412 SRS/SBRT 77371 77372 77373 G0339 G0340 Special/Associated Services 77331 77370 77399 77470 Y90 S2095 79445 *Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges: Applicable ICD10 codes for cancer types in scope for Hypofractionation: Bone Mets - ICD10: C79.51, C79.52 Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02,

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A			
		Prostate - ICD10: C61			
		Applicable ICD10 codes for cancer types in scope for Conventional Fractionation: Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92			
Rhinoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sleep apnea procedures and surgeries	Prior authorization required	21685	41512	41530	41599
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery with laser-assisted uvulopalatoplasty (LAUP). Applies only for surgical sleep apnea procedures – not sleep studies.	42145			
Spinal surgery	Prior authorization required	20930	20931	20939	22854
		22858			
Stimulators	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses	All requests for devices should be directed to a health plan contracted vendor. For more information, please call the number on the member's health plan ID card.	E0747	E0748	E0749	E0760
		Neurostimulator			
		61850	61863	61864	61867
		61868	61885	61886	63650
		63655	63685	64555	64568
		64590	L8682	L8683	
Therapeutic Radiopharmaceuticals	Prior authorization required	A9513	A9590	A9606	A9607
		A9615	A9699		
Transplant of tissue or organs	Prior authorization required	For cellular and gene therapy services, including Abecma, Amtagvi, Breyanzi, Carvykti, Casgevy, Kymriah, Lantidra, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Yescarta, Zevaskyn and Zytiglo 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.			
Organ or tissue transplant or transplant-related services prior to pre-treatment or	Request for transplant or transplant-related services prior to pre-treatment or				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
evaluation	evaluation	Bone marrow harvest			
		38240	38241	38242	
		Evaluation for transplant			
		99205			
		Heart			
		33940	33944	33945	
		Heart/lung			
		33930	33935		
		Intestine			
		44132	44133	44135	44136
		Kidney			
		50300	50320	50323	50340
		50360	50365	50370	50547
		Liver			
		47135	47143	47147	
		Lung			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		Pancreas			
		48551	48552	48554	
		Services related to transplants			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232*	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		Cellular and gene therapy			
		0537T	0538T	0539T	0540T
		C9098	J3387	J3389	J3391
		J3392	J3393	J3394	J3402
		J9999	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	Q2057
		Q2058			
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		Unclassified codes**			
		C9399	J3490	J3590	
		**Lantidra			

Vein procedures	Prior authorization required	37243	37799		
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					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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.			
		33975	33976	33979	33981
		33982	33983	33927	33928
		33929			

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