

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

Effective July 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 one 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 [UnitedHealthcare Care Provider Administrative Guide](#) for UnitedHealthcare commercial plans and UnitedHealthcare® 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.			
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
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying	J0185	J0897	J1442*	J1447*
		J1448	J1453	J1454	J1627
		J2506	J2820	Q5101	Q5108*
		Q5110*	Q5111*	Q5122*	Q5136

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization		
	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.	Q5157	Q5158	Q5159
		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 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.		

Cardiology services Prior authorization no longer required

Cardiovascular	Prior authorization is required	93653	93656	Cardiology	
				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

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		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 outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require notification: <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642) • 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 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 .			
Cochlear implants and other auditory implants	Prior authorization required	69714	69930	L8614	L8619
	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	L8690	L8691	L8692	
Continuous Glucose Monitor	Prior authorization required	A4238	A4239	E2102	E2103
Cosmetic and reconstructive procedures	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	15878	15879	17106

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Achieve conversational speech	Advance notification is required for inpatient or outpatient services.	17107	17108	17999	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21248	21249	21255
		21256	21260	21261	21263
		21267	21268	21275	21299
		28344	30540	30545	30560
		30620	31295	31296	31297
		31298	31299	67900	67901
		67902	67903	67904	67906
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		67908	67909	67912	67950
		67961	67966	Q2026	
Durable medical equipment (DME)	All requests for durable medical equipment should be directed to a health plan contracted vendor. For more information, please call the number on the member's health plan ID card.	E0470	E0471	E0472	E0650
		E0651	E0652	E0655	E0656
		E0660	E0665	E0667	E0668
		E0669	E0671	E0672	E0673
		E0675			
End-stage renal disease/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> <p>14000 14001 14041 15734</p> <p>15738 15750 15757 15758</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
				15775	15776
		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
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	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Hysterectomy (vaginal) - Inpatient only	No prior is authorization required for outpatient vaginal hysterectomies.	58260	58262	58263	58267
		58270	58290	58291	58292
		58294			
Injectable medications	Prior authorization required	Anemia			
		J0896 - Reblozyl			
		Alzheimers			
		J0174 - Leqembi			
		J0175 - Kisunla			
		Asthma			
		J2786 - Cinqair			
		J0517 - Fasenra			
		J2182 - Nucala			
		J2356 - Tezspire			

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
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Bloody Modifying Agents

- J0223 – Givlaari
- J1299 – Soliris
- J1302 – Enjaymo
- J1303 – Ultomiris
- J1307 – PiaSky
- J9332 – Vyvgart
- J9333 – Rystiggo
- J9334 – Vyvgart Hytrulo
- Q5151 – Epysqli
- Q5152 – Bkempv
- J1289 - Yartemlea

Bone Density Agents

- Q5158 – Connexence
- J3111 – Evenity
- Q5136 – Jubbonti
- J0897 – Prolia
- Q5157 – Stoboclo
- Q5159 – Ospomyv
- Q5167 - Enoby

Botulinum Toxins

- J0585 – Botox
- J0586 – Dysport
- J0587 – Myobloc
- J0588 – Xeomin
- J0589 – Daxxify

Cardiology

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
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J1306 – Leqvio

Central Nervous System Agents

J0222 – Onpattro

J0225 – Amvuttra

J1301 – Radicava

J1304 – Qalsody

J2326 – Spinraza

J3032 – Vyepiti

J9256 - Imaavy

J9332 – Vyvgart

J9333 – Rystiggo

J9334 – Vyvgart Hytrulo

Endocrine

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

J3404 - Papzimeos

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
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Q5136 – Jubbonti

Q5162 – Bilyos

J3405 - Itvisma

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 – Synojoynt

J7332 – Triluron

Immune Globulins (IVIG, SCIG)

90283	90284	J1459	J1551
J1552	J1553	J1554	J1555
J1556	J1557	J1558	J1559
J1561	J1566	J1568	J1569
J1572	J1575	J1576	J1599

Immune Modulator

J0491 – Saphnelo

J9038 – Niktimvo

J1823 – Uplizna

J9381 – Tzielid

Inflammatory Conditions

J0129 – Orencia

J1628 – Tremfya IV

J1747 – Spevigo

J2267 – Omvoh

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
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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

J9301 – Gazyva

Q5164 - Starjemza

Infliximab

J1745 – Remicade

Intravenous Iron Replacement

J1437 – Monoferric

J1439 – Injectafer

Multiple Sclerosis

J2329 – Briumvi

J2350 – Ocrevus

J2351 – Ocrevus Zunovo

Ophthalmologic Agents

J2781 – Syfovre

J2782 – Izervay

Rare Conditions

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
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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

J0178 – Eylea

J0179 – Beovu

J2777 – Vabysmo

J2778 – Lucentis

J2779 – Susvimo

Q5124 – Byooviz

Q5128 – Cimerli

Q5147 – Pavblu

White Blood Cell Colony Stimulating Factors

J1442 – Neupogen

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
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J1447 – Granix
 J1449 – Rolvedon
 J2506 – Neulasta
 J9361 – Ryzneuta
 Q5108 – Fulphila
 Q5110 – Nivestym
 Q5111 - Udenyca
 Q5120 – Ziextenzo
 Q5122 – Nyvepria
 Q5125 – Releuko
 Q5127 – Stimufend
 Q5130 – Flyneta
 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

Unclassified and temporary codes*

J3490 J3590 C9399 C9305

* Kebilidi, Rivfloza

Inpatient admissions	Notification required
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Inpatient admissions: Acute inpatient rehabilitation (AIR)/ long-term acute care (LTAC)/skilled nursing facility (SNF)

Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:

- Acute care hospitals
- Acute inpatient rehabilitation
- Critical access hospitals
- Long-term acute care hospitals
- Skilled nursing facilities

naviHealth manages prior authorization for in-scope membership.
 Phone: 855-851-1127
 Fax: 844-244-9482

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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Note: These plans are excluded from the skilled nursing facility prior authorization requirement:

- UnitedHealthcare Assisted Living Plans (HMO-SNP), (HMO-POS SNP), (PPO-SNP)
- UnitedHealthcare Nursing Home plan

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
		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	27120	27122	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29834	29837
		29838	29844	29845	29846
		29847	29866	29867	29868
		29891	29892	29894	29895
		29897	29898	29899	29914
		29915	29916	63001	63003
		63005	63011	63012	63015

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63051	63055
		63056	63064	63075	63077
		63081	63085	63087	63090
		63101	63102	63185	63190
		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 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
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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.

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Potentially unproven services including experimental, investigational and/or linked services	Prior authorization required	28890	33289	36514	64405
		64722	64744	66180	95965
		95966	C2624		
<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	
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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization
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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, 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 Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41512	41530	41599
	Applies to inpatient or outpatient procedures and surgeries including, but not limited	42145			

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
	to, palatopharyngoplasty – oral pharyngeal reconstructive surgery with laser-assisted uvulopalatoplasty (LAUP).				
	Applies only for surgical sleep apnea procedures – not sleep studies.				
Spinal surgery	Prior authorization required	20930 22858	20931	20939	22854
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 A9615	A9590 A9699	A9606	A9607
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, Waskyra, Yartemlea, Yescarta, Zevaskyn and Zynteglo 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 evaluation	Request for transplant or transplant-related services prior to pre-treatment or 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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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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	J1289	J3386	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	
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**Lantidra

Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required	37243	37799		
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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			

