

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

Effective October 1, 2024

## 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](https://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](https://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:

- MedicareMax (HMO) – Groups: 77700, 77701, 98151, 98152
- MedicareMax Chronic (HMO C-SNP) – Groups: 77707, 90215
- MedicareMax Plus (HMO D-SNP) – Groups: 77702, 77703, 77704, 98153, 98154, 98155

#### Preferred Care Partners:

- Preferred Choice Broward (HMO) – Groups 78601, 99791
- Preferred Choice Dade (HMO) – Groups 78600, 99790
- Preferred Choice Palm Beach (HMO) – Groups 78606, 99797
- Preferred Medicare Assist Plan (HMO D-SNP) – Groups 78602, 78603, 78609, 99792, 99793, 99796
- Preferred Medicare Assist Palm Beach (HMO D-SNP) – Groups 78607, 78608, 78610, 99798, 99799, 99800
- Preferred Special Care Miami-Dade (HMO C-SNP) – Groups 78605, 99795

### WellMed plans — How to obtain prior authorization

Prior authorization requests for the following groups can be submitted on the WellMed provider portal at [eprg.wellmed.net](https://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  |         |         |         |
|--|---|---|---------|---------|---------|
| <b>Behavioral health services</b>  | 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. |         |         |         |
| <b>Bone growth stimulator</b><br>Electronic stimulation or ultrasound to heal fractures                        | Prior authorization required  | 20974   | 20975   | 20979   |         |
| <b>Breast reconstruction – Non-mastectomy</b><br>Reconstruction of the breast except when following mastectomy | Prior authorization required  | 19316   | 19318   | 19325   | L8600   |
|  |   | <b>Notification or prior authorization is <u>not</u> required for the following diagnosis codes:</b>  |         |         |         |
|  |   | 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   |         |         |         |
| <b>Cancer supportive care</b>  | Prior authorization required for colony-stimulating factor drugs and bone-modifying agent(s) administered in an outpatient setting for a cancer diagnosis<br><i>*Codes J1442, J1447, Q5108, Q5110, Q5111, and Q5122 also require prior authorization for non-oncology Dx. See injectable medications section.</i> | <b><u>Anti-emetics that require prior authorization:</u></b>  |         |         |         |
|  |   | <b>Akynzeo™ (palonosetron/fosnetupitant)</b>  |         |         |         |
|  |   | J1454   |         |         |         |
|  |   | <b>Cinvanti® (aprepitant)</b>   |         |         |         |
|  |   | J0185   |         |         |         |
|  |   | <b>Emend® (fosaprepitant)</b>   |         |         |         |
|  |   | J1453   | -       | -       | -       |
|  |   | <b>SustoI® (granisetron extended release)</b>   |         |         |         |
|  |   | J1627   |         |         |         |
|  |   | <b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>  |         |         |         |
|  |   | <b>Filgrastim (Neupogen®)</b>   |         |         |         |
|  |   | J1442*  |         |         |         |

| Procedures and services               | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization   |
|---------------------------------------|------------------------|--|
| <b>Cancer supportive care (cont.)</b> |                        | <b>Filgrastim-aafi (Nivestym®)</b><br>Q5110*   |
|                                       |                        | <b>Filgrastim-sndz (Zarxio®)</b><br>Q5101  |
|                                       |                        | <b>Pegfilgrastim (Neulasta®)</b><br>J2506  |
|                                       |                        | <b>Pegfilgrastim-appgf (Nyvepria®)</b><br>Q5122*   |
|                                       |                        | <b>Pegfilgrastim-cbqv (Udenyca®)</b><br>Q5111*   |
|                                       |                        | <b>Pegfilgrastim-jmdb (Fulphila®)</b><br>Q5108*  |
|                                       |                        | <b>Sargramostim (Leukine®)</b><br>J2820  |
|                                       |                        | <b>Tbo-filgrastim (Granix®)</b><br>J1447*  |
|                                       |                        | <b>Trilaciclib (Cosela™)</b><br>J1448  |
|                                       |                        | <b><u>Bone-modifying agent that requires prior authorization:</u></b>  |
|                                       |                        | <b>Denosumab (Prolia®, Xgeva®)</b><br>J0897  |
|                                       |                        | <b><u>Antiemetic drugs</u></b><br>J1456  |
|                                       |                        | <b><u>Colony-stimulating factors</u></b><br>J1449  |
|                                       |                        | <b><u>Erythropoiesis-stimulating agents</u></b><br>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 <a href="https://UHCprovider.com">UHCprovider.com</a> . Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>888-397-8129</b> . |

**Cardiology services** Prior authorization no longer required

**Cardiovascular** Prior authorization is required

| Cardiology |        | Vascular |        |
|------------|--------|----------|--------|
| 93653      | 93656  |          |        |
| 37220*     | 37221* | 37224*   | 37225* |
| 37226*     | 37227* | 37228*   | 37229* |
| 37230*     | 37231* |          |        |

\*Prior authorization is not required for the following diagnosis codes:

|         |         |         |         |
|---------|---------|---------|---------|
| E08.52  | E09.52  | E10.52  | E11.52  |
| E13.52  | I70.221 | I70.222 | I70.223 |
| 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 |          |          |          |
|-----------------------------------|------------------------|--|----------|----------|----------|
| <b>Cardiovascular<br/>(cont.)</b> |                        | 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  |
|                                   |                        | M86.261  | M86.262  | M86.269  | M86.271  |

| Procedures and services  | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization  |          |          |          |
|--|---|---|----------|----------|----------|
| <b>Cardiovascular (cont.)</b>  |   | 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>Cartilage implants</b>  | Prior authorization required  | 27415   | 27416    |          |          |
| <b>Chemotherapy services</b>   | Notification 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 notification:</b> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642)</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 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 get started, go to <a href="https://UHCprovider.com">UHCprovider.com</a>. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>888-397-8129</b>.</p> |          |          |          |
| <b>Cochlear implants and other auditory implants</b>   | 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    |          |
| <b>Cosmetic and reconstructive procedures (cont.)</b>  | Prior authorization required  | 11960   | 11971    | 15820    | 15821    |
| achieve conversational speech  | Advance notification is required for inpatient or outpatient services.  | 15822   | 15823    | 15830    | 15847    |
|  |   | 15877   | 15878    | 15879    | 17106    |
|  |   | 17107   | 17108    | 17999    | 21172    |
|  |   | 21175   | 21179    | 21180    | 21181    |
| Cosmetic procedures that change or improve physical  |   | 21182   | 21183    | 21184    | 21230    |

| Procedures and services   | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |       |
|---|---|--|-------|-------|-------|-------|
| appearance, without significantly improving or restoring physiological function |   | 21235  | 21248 | 21249 | 21255 |       |
|   |   | 21256  | 21260 | 21261 | 21263 |       |
|   |   | 21267  | 21268 | 21275 | 21299 |       |
|   |   | 21740  | 21742 | 21743 | 28344 |       |
|   | Reconstructive procedures that treat a medical condition or improve or restore physiologic function |  | 30540 | 30545 | 30560 | 30620 |
|   |   |  | 31295 | 31296 | 31297 | 31298 |
|   |   |  | 31299 | 67900 | 67901 | 67902 |
|   |   |  | 67903 | 67904 | 67906 | 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.

**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

**Notification or prior authorization is required for the following regardless of diagnosis code:**

55970      55980

**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:**

|       |       |       |       |
|-------|-------|-------|-------|
| 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 |

| Procedures and services   | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization |        |        |       |
|---|--|--|--------|--------|-------|
| <b>Gender dysphoria treatment (cont.)</b>   |  | 57106  | 57110  | 57291  | 57292 |
|   |  | 57295  | 57296  | 57335  | 57426 |
|   |  | 58661  | 58720  | 58940  | 64856 |
|   |  | 64892  | 64896  | 92507  | 92508 |
| <b>Home health care services</b><br>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* |       |
|   |  | <i>*Applies to Alabama only.</i>                             |        |        |       |
| <b>Hysterectomy (abdominal and laparoscopic surgeries) – Inpatient and outpatient procedures</b>  | Prior authorization required   | 58150  | 58152  | 58180  | 58541 |
|   |  | 58542  | 58543  | 58544  | 58550 |
|   |  | 58552  | 58553  | 58554  | 58570 |
|   |  | 58571  | 58572  | 58573  |       |
| <b>Hysterectomy (vaginal) – Inpatient only</b>  | No prior is authorization required for outpatient vaginal hysterectomies.  | 58260  | 58262  | 58263  | 58267 |
|   |  | 58270  | 58290  | 58291  | 58292 |
|   |  | 58294  |        |        |       |
| <b>Injectable medications</b>   | Prior authorization required*  | <b>Adakveo</b>   |        |        |       |
|   |  | J0791  |        |        |       |
|   |  | <b>Aduhelm</b>   |        |        |       |
|   |  | J0172  |        |        |       |
|   |  | <b>Adzynma</b>   |        |        |       |
|   |  | J7171  |        |        |       |
|   |  | <b>Amvuttra</b>  |        |        |       |
|   |  | J0225  |        |        |       |
|   |  | <b>Botulinum toxins</b>                                      |        |        |       |
|   |  | J0585  | J0586  | J0587  | J0588 |
|   |  | J0589  |        |        |       |
|   |  | <b>Bone density agents**</b>                                 |        |        |       |
|   |  | J3111  | J0897  |        |       |
|   |  | <b>Briumvi</b>   |        |        |       |
|   |  | J2329  |        |        |       |
|   |  | <b>Colony-stimulating factors**</b>                          |        |        |       |
|   |  | J1442  | J1447  | J1449  | Q5108 |
|   |  | Q5110  | Q5120  | Q5122  | Q5125 |
|   |  | Q5127  | Q5130  |        |       |
|   |  | <b>Cosentyx IV</b>   |        |        |       |
| J3247   |  |  |        |        |       |
| <b>Crysvita</b>   |  |  |        |        |       |
| J0584   |  |  |        |        |       |
| <b>Elevidys</b>   |  |  |        |        |       |
| J1413   |  |  |        |        |       |
| <b>Enjaymo</b>  |  |  |        |        |       |
| J1302   |  |  |        |        |       |
| <b>Entyvio</b>  |  |  |        |        |       |

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

**Injectable medications (cont.)**

|  |  |       |       |       |       |
|--|--|-------|-------|-------|-------|
|  |  | J3380 |       |       |       |
|  | <b>Evkeeza</b>                         |       |       |       |       |
|  |  | J1305 |       |       |       |
|  | <b>Givlaari</b>                        |       |       |       |       |
|  |  | J0223 |       |       |       |
|  | <b>Hemgenix</b>                        |       |       |       |       |
|  |  | J1411 |       |       |       |
|  | <b>Hyaluronic acid polymers**</b>      |       |       |       |       |
|  |  | J7320 | J7321 | J7322 | J7323 |
|  |  | J7324 | J7326 | J7327 | J7329 |
|  |  | J7331 | J7332 |       |       |
|  | <b>Immune globulins (IVIG, SCIG)**</b> |       |       |       |       |
|  |  | 90283 | 90284 | J1459 | J1551 |
|  |  | J1554 | J1555 | J1556 | J1557 |
|  |  | J1558 | J1559 | J1561 | J1566 |
|  |  | J1568 | J1569 | J1572 | J1575 |
|  |  | J1576 | J1599 |       |       |
|  | <b>Infliximab**</b>                    |       |       |       |       |
|  |  | J1745 |       |       |       |
|  | <b>Intravenous iron products**</b>     |       |       |       |       |
|  |  | J1437 | J1439 |       |       |
|  | <b>Izervay</b>                         |       |       |       |       |
|  |  | J2782 |       |       |       |
|  | <b>Krystexxa**</b>                     |       |       |       |       |
|  |  | J2507 |       |       |       |
|  | <b>Leqembi</b>                         |       |       |       |       |
|  |  | J0174 |       |       |       |
|  | <b>Leqvio**</b>                        |       |       |       |       |
|  |  | J1306 |       |       |       |
|  | <b>Luxturna</b>                        |       |       |       |       |
|  |  | J3398 |       |       |       |
|  | <b>Qalsody</b>                         |       |       |       |       |
|  |  | J1304 |       |       |       |
|  | <b>Ocrevus</b>                         |       |       |       |       |
|  |  | J2350 |       |       |       |
|  | <b>OmvoH</b>                           |       |       |       |       |
|  |  | J2267 |       |       |       |
|  | <b>Onpattro</b>                        |       |       |       |       |
|  |  | J0222 |       |       |       |
|  | <b>Orencia</b>                         |       |       |       |       |
|  |  | J0129 |       |       |       |
|  | <b>Oxlumo</b>                          |       |       |       |       |
|  |  | J0224 |       |       |       |
|  | <b>Radicava</b>                        |       |       |       |       |
|  |  | J1301 |       |       |       |



| Procedures and services                                       | Additional information                   | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |  |
|---|--|--|-------|-------|--|
| Injectable medications<br>(cont.)                             | <b>Reblozyl</b>                          |  |       |       |  |
|   | J0896                                    |  |       |       |  |
|   | <b>Rituximab**</b>                       |  |       |       |  |
|   | J9311                                    | J9312  | Q5123 |       |  |
|   | <b>Roctavian</b>                         |  |       |       |  |
|   | J1412                                    |  |       |       |  |
|   | <b>Ryplazim</b>                          |  |       |       |  |
|   | J2998                                    |  |       |       |  |
|   | <b>Rystiggo</b>                          |  |       |       |  |
|   | J9333                                    |  |       |       |  |
|   | <b>Saphnelo**</b>                        |  |       |       |  |
|   | J0491                                    |  |       |       |  |
|   | <b>Skyrizi</b>                           |  |       |       |  |
|   | J2327                                    |  |       |       |  |
|   | <b>Soliris</b>                           |  |       |       |  |
|   | J1300                                    |  |       |       |  |
|   | <b>Spevigo</b>                           |  |       |       |  |
|   | J1747                                    |  |       |       |  |
|   | <b>Spinraza</b>                          |  |       |       |  |
|   | J2326                                    |  |       |       |  |
|   | <b>Syfovre</b>                           |  |       |       |  |
|   | J2781                                    |  |       |       |  |
|   | <b>Tepezza</b>                           |  |       |       |  |
|   | J3241                                    |  |       |       |  |
|   | <b>Tezspire</b>                          |  |       |       |  |
|   | J2356                                    |  |       |       |  |
|   | <b>Therapeutic radiopharmaceuticals</b>  |  |       |       |  |
|   | A9513                                    | A9590  | A9606 | A9607 |  |
|   | A9699                                    |  |       |       |  |
|   | <b>Tzield</b>                            |  |       |       |  |
|   | J9381                                    |  |       |       |  |
|   | <b>Unclassified and temporary codes*</b> |  |       |       |  |
| J3490   | J3590                                    | C9172  | C9399 |       |  |
| <b>Uplizna</b>  |  |  |       |       |  |
| J1823   |  |  |       |       |  |
| <b>Vabysmo</b>  |  |  |       |       |  |
| J2777   |  |  |       |       |  |
| <b>Vascular endothelial growth factor (VEGF) inhibitors**</b> |  |  |       |       |  |
| J0177   | J0178                                    | J0179  | J2777 |       |  |
| J2778   | J2779                                    | Q5124  | Q5128 |       |  |
| <b>Vyepti**</b>   |  |  |       |       |  |
| J3032   |  |  |       |       |  |
| <b>Vyjuvek</b>  |  |  |       |       |  |
| J3401   |  |  |       |       |  |
| <b>Vyvgart</b>  |  |  |       |       |  |

| Procedures and services   | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization  |       |       |       |
|---|---|---|-------|-------|-------|
|   |   | J9332   |       |       |       |
|   |   | <b>Vyvgart Hytrulo</b>  |       |       |       |
|   |   | J9334   |       |       |       |
|   |   | <b>Zolgensma</b>  |       |       |       |
|   |   | J3399   |       |       |       |
|   |   | <b>Zymfentra</b>  |       |       |       |
|   |   | J1748   |       |       |       |
|   |   | <p><b>To submit a prior authorization, use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at <a href="http://uhcprovider.com">uhcprovider.com</a>. 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</b></p> <p>*Beqvez, PiaSky, Yimmugo<br/> **Drug is also included in the Part B Step Therapy Program</p> |       |       |       |
| <b>Inpatient admissions</b>   | Notification required   |   |       |       |       |
| <b>Inpatient admissions: Acute inpatient rehabilitation (AIR)/ long-term acute care (LTAC)/skilled nursing facility (SNF)</b> | <p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul> <p><b>Note:</b> These plans are excluded from the skilled nursing facility prior authorization requirement:</p> <ul style="list-style-type: none"> <li>• UnitedHealthcare Assisted Living Plans (HMO-SNP), (HMO-POS SNP), (PPO-SNP)</li> <li>• UnitedHealthcare Nursing Home plan</li> </ul> | <p>naviHealth manages prior authorization for in-scope membership.<br/> <b>Phone: 855-851-1127</b><br/> <b>Fax: 844-244-9482</b></p>  |       |       |       |
| <b>Non-emergency air transport</b>  | Prior authorization required  | A0430   | A0431 | A0435 | A0436 |
| Non-urgent ambulance transportation by air between specified location   |   |   |       |       |       |
| <b>Orthognathic surgery</b>   | Prior authorization required  | 21120   | 21121 | 21122 | 21123 |
| Treatment of maxillofacial/jaw functional impairment  |   | 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 |       |       |
| <b>Orthopedic – spine and joint surgeries</b>   | Prior authorization required  | 22100   | 22101 | 22102 | 22110 |
|   |   | 22112   | 22114 | 22206 | 22207 |
|   |   | 22210   | 22212 | 22214 | 22220 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |       |       |       |
|-------------------------|------------------------|--|-------|-------|-------|
|                         |                        | 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  | 25449 | 27120 | 27122 |
|                         |                        | 27125  | 27130 | 27132 | 27134 |
|                         |                        | 27137  | 27138 | 27412 | 27445 |
|                         |                        | 27446  | 27447 | 27486 | 27487 |
|                         |                        | 27700  | 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  |       |       |       |

**Orthotics** Prior authorization is required for orthotics with a retail purchase or a cumulative rental cost of more than \$1,000.

**Out-of-network services** 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:**

| Procedures and services  | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization |                |                |                |
|--|--|--|----------------|----------------|----------------|
| <b>Out-of-network services (cont.)</b>   | 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.<br>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. |  |                |                |                |
| <b>Pain management</b>   | Prior authorization required   | 62350<br>62362   | 62351          | 62360          | 62361          |
| <b>Physical therapy/ occupational therapy</b><br>Outpatient rehabilitation services provided by a physical therapist or an occupational therapist, whether provided at home or on an ambulatory basis<br>Potentially unproven services including experimental, investigational and/or linked services  | 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.<br>Prior authorization required  | 28890<br>64744   | 36514<br>66180 | 64405<br>95965 | 64722<br>95966 |
| <ul style="list-style-type: none"> <li>• Services including medications determined not to be effective for treatment of a medical condition</li> <li>• Services determined not to have a beneficial effect on health outcomes due to: <ul style="list-style-type: none"> <li>– Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials</li> </ul> </li> </ul> <p>Cohort studies in the prevailing published peer-reviewed medical literature</p> <p>Potentially unproven services including experimental, investigational</p> |  |  |                |                |                |

| Procedures and services  | Additional information   | CPT® or HCPCS codes and/or how to obtain prior authorization  |                |                |                |
|--|--|---|----------------|----------------|----------------|
| <b>Prostate procedures</b>   | Prior authorization required   | 52441   | 52442          | 55874          |                |
| <b>Prosthetics</b>   | Prior authorization required for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000   | L5301<br>L5987  | L5856          | L5968          | L5981          |
| <b>Proton beam therapy</b><br>Focused radiation therapy using beams of protons, which are tiny particles with a positive charge                            | Prior authorization required   | 77520   | 77522          | 77523          | 77525          |
| <b>Radiation therapy</b>   | Prior authorization no longer required   | <b>Image guided radiation therapy (IGRT)</b><br>77014      77387      G6001      G6002<br>G6017<br><b>IMRT</b><br>77014      77387      G6001      G6002<br><b>Proton beam therapy (PBT)</b><br>77520      77522      77523      77525<br><b>Prostate spacer</b><br>55874<br><b>Special/associated services</b><br>77331      77370      77399      77470<br><b>Standard radiation therapy (2D/3D)*</b><br>77401      77402      77407      77412<br>G6003      G6004      G6005      G6006<br>G6007      G6008      G6009      G6010<br>G6011      G6012      G6013      G6014<br><b>Stereotactic radiosurgery and stereotactic body radiation therapy (SRS/SBRT)</b><br>77371      77372      77373      G0339<br>G6017<br><b>Y90 (Implantable beta-emitting microspheres for treatment of malignant tumors)</b><br>79445 |                |                |                |
| <b>Rhinoplasty</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>Sleep apnea procedures and surgeries</b><br>Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | Prior authorization required<br><br>Applies to inpatient or outpatient procedures and surgeries including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery with laser-assisted uvulopalatoplasty (LAUP).<br><br>Applies only for surgical sleep apnea procedures – <b>not</b> sleep studies. | 21685<br>42145  | 41512          | 41530          | 41599          |

| Procedures and services  | Additional information  | CPT® or HCPCS codes and/or how to obtain prior authorization  |        |       |       |
|--|---|---|--------|-------|-------|
| <b>Spinal surgery</b>  | Prior authorization required  | 20930<br>22858  | 20931  | 20939 | 22854 |
| <b>Stimulators</b>   | Prior authorization required  | <b>Bone growth stimulator</b>   |        |       |       |
| 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 |
|  |   | <b>Neurostimulator</b>  |        |       |       |
|  |   | 61850   | 61863  | 61864 | 61867 |
|  |   | 61868   | 61885  | 61886 | 63650 |
|  |   | 63655   | 63685  | 64555 | 64568 |
|  |   | 64590   | L8682  | L8683 |       |
| <b>Therapeutic radiology services</b>  | Prior authorization no longer required  |   |        |       |       |
| <b>Transplant of tissue or organs</b>  | Prior authorization required  | <b>For transplant and CAR T-cell therapy services including Abecma® (idecaptivecicleucel), Breyanzi®, Carvykti™ (cilicabtagene autoleucel), Kymriah (tisagenlecleucel), Lyfgenia, Tecartus® (brexucabtagene autoleucel), Yescarta® (axicabtagene ciloleucel), and Zynleglo 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.</b> |        |       |       |
| 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  |   |        |       |       |
|  |   | <b>Bone marrow harvest</b>  |        |       |       |
|  |   | 38240   | 38241  | 38242 |       |
|  |   | <b>Evaluation for transplant</b>  |        |       |       |
|  |   | 99205   |        |       |       |
|  |   | <b>Heart</b>  |        |       |       |
|  |   | 33940   | 33944  | 33945 |       |
|  |   | <b>Heart/lung</b>   |        |       |       |
|  |   | 33930   | 33935  |       |       |
|  |   | <b>Intestine</b>  |        |       |       |
|  |   | 44132   | 44133  | 44135 | 44136 |
|  |   | <b>Kidney</b>   |        |       |       |
|  |   | 50300   | 50320  | 50323 | 50340 |
|  |   | 50360   | 50365  | 50370 | 50547 |
|  |   | <b>Liver</b>  |        |       |       |
|  |   | 47135   | 47143  | 47147 |       |
|  |   | <b>Lung</b>   |        |       |       |
|  |   | 32850   | 32851  | 32852 | 32853 |
|  |   | 32854   | 32856  | S2060 | S2061 |
|  |   | <b>Pancreas</b>   |        |       |       |
|  |   | 48551   | 48552  | 48554 |       |
|  |   | <b>Services related to transplants</b>  |        |       |       |
|  |   | 32855   | 33933  | 38208 | 38209 |
|  |   | 38210   | 38212  | 38213 | 38214 |
|  |   | 38215   | 38232* | 44137 | 44715 |
|  |   | 44720   | 44721  | 47133 | 47140 |
|  |   | 47141   | 47142  | 47144 | 47145 |
|  |   | 47146   | 50325  | J3393 | J3394 |
|  |   | S2152   |        |       |       |
|  |   | <b>CAR T-cell therapy</b>   |        |       |       |
|  |   | 0537T   | 0538T  | 0539T | 0540T |
|  |   | C9098   | J9999  | Q2041 | Q2042 |
|  |   | Q2053   | Q2054  | Q2055 | Q2056 |

\*Code 38232 will only require prior authorization for an

| Procedures and services  | Additional information       | CPT® or HCPCS codes and/or how to obtain prior authorization   |       |       |       |
|--|------------------------------|--|-------|-------|-------|
|  |                              | oncology diagnosis   |       |       |       |
|  |                              | <b>Unclassified codes**</b>  |       |       |       |
|  |                              | C9399  | J3490 | J3590 |       |
|  |                              | **Casgevy, Lantidra, Lenmeldy  |       |       |       |
| <b>Vein procedures</b><br>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 |       |       |
| <b>Ventricular assist devices (VAD)</b><br>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  |       |       |       |

