

# Prior Authorization Requirements for Florida

## Effective November 1, 2018

### General Information

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

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone: 877-842-3210**
- **Fax:** 866-607-5975; fax form is available at **UHCprovider.com/flcommunityplan>Prior Authorization and Notification Resources >Prior Authorization Paper Fax Forms**

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

| Procedures and Services  | Additional Information  | CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization  |  |  |  |
|--|---|---|--|--|--|
| <b>Acupuncture</b>   | <b>Effective 12/1/18</b><br>Prior authorization required  | 97810   | 97811  | 97813  | 97814  |
| <b>Bariatric surgery</b><br>Bariatric surgery and specific obesity-related services                            | Prior authorization required  | 0312T<br>0316T<br>43648<br>43842<br>43848<br>64590  | 0313T<br>0317T<br>43659<br>43845<br>43860<br>95980 | 0314T<br>43644<br>43770<br>43846<br>43881<br>95981 | 0315T<br>43645<br>43775<br>43847<br>43882<br>95982 |
| <b>Behavioral health services</b>  | Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. | For specific codes requiring prior authorization, please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services. |  |  |  |
| <b>Bone growth stimulator</b><br>Electronic stimulation or ultrasound to heal fractures                        | Prior authorization required  | 20975<br>E0749  | 20979<br>E0760                                     | E0747  | E0748  |
| <b>BRCA genetic testing</b>  | Prior authorization required  | 81162<br>81214<br>81432   | 81211<br>81215<br>81433                            | 81212<br>81216                                     | 81213<br>81217                                     |
| <b>Breast pump, electric</b>   | Prior authorization required  | E0604   |  |  |  |
| <b>Breast reconstruction (non-mastectomy)</b><br>Reconstruction of the breast except when following mastectomy | Prior authorization required  | 19316<br>19328<br>19350<br>19366<br>19370<br>L8600  | 19318<br>19330<br>19357<br>19367<br>19371          | 19324<br>19340<br>19361<br>19368<br>19380          | 19325<br>19342<br>19364<br>19369<br>19396          |
| <b>Cancer supportive care</b>  | Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an              | <b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>  |  |  |  |

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| Procedures and Services                | Additional Information  | CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization  |
|--|---|---|
| <b>Cancer supportive care (cont'd)</b> | outpatient setting for a cancer diagnosis   | <p><b>Bio similar (Zarxio<sup>®</sup>)</b><br/>Q5101</p> <p><b>Filgrastim (Neupogen<sup>®</sup>)</b><br/>J1442</p> <p><b>Pegfilgrastim (Neulasta<sup>®</sup>)</b><br/>J2505</p> <p><b>Sargramostim (Leukine<sup>®</sup>)</b><br/>J2820</p> <p><b>Tbo-filgrastim (Granix<sup>®</sup>)</b><br/>J1447</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b><br/><b>Denosumab</b><br/>J0897</p> <p>For prior authorization:<br/>please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p>   |
| <b>Chemotherapy</b>                    | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis | <p><b>Injectable chemotherapy drugs that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> <p>For prior authorization:<br/>please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p> |
| <b>Chiropractic</b>                    | <b>Effective 12/1/18</b><br>Prior authorization required  | 98940    98941    98942    98943  |
| <b>Circumcision</b>                    | <b><u>For Florida MMA only:</u></b><br>Prior authorization required for patients ages 12 weeks and older  | 54161   |

| Procedures and Services   | Additional Information   | CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization   |  |   |   |
|---|--|--|--|---|---|
| <b>Cochlear implants and other auditory implants</b>  | Prior authorization required   | 69710<br>69930<br>L8691  | 69714<br>L8614<br>L8692  | 69715<br>L8619  | 69718<br>L8690  |
| A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech |  |  |  |   |   |
| <b>Cosmetic and reconstructive</b>  | Prior authorization required   | 11960<br>15822<br>15877<br>17999<br>21172<br>21181<br>21230<br>21280<br>21742<br>67900<br>67904<br>67911<br>67916<br>67923<br>67966  | 11971<br>15823<br>17106<br>21137<br>21175<br>21182<br>21235<br>21282<br>21743<br>67901<br>67906<br>67912<br>67917<br>67924<br>Q2026  | 15820<br>15830<br>17107<br>21138<br>21179<br>21183<br>21256<br>21295<br>28344<br>67902<br>67908<br>67914<br>67921<br>67950  | 15821<br>15847<br>17108<br>21139<br>21180<br>21184<br>21275<br>21740<br>30620<br>67903<br>67909<br>67915<br>67922<br>67961  |
| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function                |  |  |  |   |   |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function   |  |  |  |   |   |
| <b>Durable medical equipment (DME)</b>  | Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500 | A9279<br>E0300<br>E0466<br>E0693<br>E0764<br>E0986<br>E1005<br>E1010<br>E1161<br>E1234<br>E1238<br>E2322<br>E2351<br>E2599<br>E2629<br>K0013<br>K0850<br>K0854<br>K0858<br>K0862<br>T1999<br>V5270<br>V5282<br>V5288 | A9280<br>E0445<br>E0483<br>E0694<br>E0766<br>E1002<br>E1006<br>E1030<br>E1231<br>E1235<br>E1399<br>E2325<br>E2373<br>E2626<br>E2630<br>K0108<br>K0851<br>K0855<br>K0859<br>K0863<br>T5999<br>V5271<br>V5283<br>V5290 | E0265<br>E0457<br>E0620<br>E0745<br>E0784<br>E1003<br>E1007<br>E1035<br>E1232<br>E1236<br>E2227<br>E2327<br>E2510<br>E2627<br>K0005<br>K0848<br>K0852<br>K0856<br>K0860<br>K0864<br>V2786<br>V5272<br>V5286 | E0270<br>E0460<br>E0675<br>E0762<br>E0984<br>E1004<br>E1008<br>E1036<br>E1233<br>E1237<br>E2228<br>E2329<br>E2511<br>E2628<br>K0008<br>K0849<br>K0853<br>K0857<br>K0861<br>S1040<br>V5269<br>V5281<br>V5287 |
| Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .  |  |  |  |   |   |
| Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .                              |  |  |  |   |   |
| <b>Enteral services</b>   | Prior authorization required   | B9998  |  |   |   |
| In-home nutritional therapy, either enteral or through a gastrostomy tube   |  |  |  |   |   |

| Procedures and Services                           | Additional Information   | CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|--|--|-------|-------|-------|
| <b>Experimental and investigational</b>           | Prior authorization required   | 0085T  | 0191T | 33477 | 36514 |
|   |  | 55866  | 61863 | 61864 | 61867 |
|   |  | 61868  | 61886 | 64555 | 64722 |
|   |  | 65765  | 65767 | 66180 | 95978 |
|   |  | A4638  | A6000 | A9274 | E0231 |
|   |  | E1831  | S0810 | S1030 | S1031 |
|   |  | S9988  | S9990 | S9991 |       |
| <b>Functional endoscopic sinus surgery (FESS)</b> | Prior authorization required   | 31240  | 31253 | 31254 | 31255 |
|   |  | 31256  | 31257 | 31259 | 31267 |
|   |  | 31276  | 31287 | 31288 |       |
| <b>Home health care</b>                           | Prior authorization required only in outpatient settings, to include member's home | 99504  | S9122 | S9123 | S9124 |
|   |  | T1021  | T1030 | T1031 |       |
| <b>Injectable medications</b>                     | Prior authorization required   | <b>Acthar<sup>®</sup></b>  |       |       |       |
|   |  | J0800  |       |       |       |
|   |  | <b>Botulinum toxins</b>  |       |       |       |
|   |  | J0585  | J0586 | J0587 | J0588 |
|   |  | <b>Brineura<sup>™</sup></b>  |       |       |       |
|   |  | C9014  |       |       |       |
|   |  | <b>Cerezyme<sup>®</sup></b>  |       |       |       |
|   |  | J1786  |       |       |       |
|   |  | <b>Cinqair<sup>®</sup></b>   |       |       |       |
|   |  | J2786  |       |       |       |
|   |  | <b>ElELYso<sup>®</sup></b>   |       |       |       |
|   |  | J3060  |       |       |       |
|   |  | <b>Exondys 51<sup>™*</sup></b>   |       |       |       |
|   |  | J1428  |       |       |       |
|   |  | <b>Fasenra<sup>™</sup></b>   |       |       |       |
| C9466   |  |  |       |       |       |
| <b>Ilaris<sup>®</sup></b>                         |  |  |       |       |       |
| J0638   |  |  |       |       |       |
| <b>IVIG</b>                                       |  |  |       |       |       |
| 90283   | 90284  | J1459  | J1555 |       |       |
| J1556   | J1557  | J1559  | J1561 |       |       |
| J1566   | J1568  | J1569  | J1572 |       |       |
| J1575   | J1599  |  |       |       |       |
| <b>Lemtrada<sup>®</sup></b>                       |  |  |       |       |       |
| J0202   |  |  |       |       |       |

| Procedures and Services         | Additional Information | CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization |       |  |
|---------------------------------|------------------------|--|-------|--|
| Injectable medications (cont'd) | <b>Luxturna™</b>       |  |       |  |
|                                 | C9032                  |  |       |  |
|                                 | <b>Makena®</b>         |  |       |  |
|                                 | J1726                  | J1729  | J2675 |  |
|                                 | <b>Nucala®</b>         |  |       |  |
|                                 | J2182                  |  |       |  |
|                                 | <b>Ocrevus™</b>        |  |       |  |
|                                 | J2350                  |  |       |  |
|                                 | <b>Parsabiv™</b>       |  |       |  |
|                                 | J0606                  |  |       |  |
|                                 | <b>Probuphine®</b>     |  |       |  |
|                                 | J0570                  |  |       |  |
|                                 | <b>Radicava®</b>       |  |       |  |
|                                 | C9493                  |  |       |  |
| <b>Soliris®</b>                 |                        |  |       |  |
| J1300                           |                        |  |       |  |
| <b>Spinraza™*</b>               |                        |  |       |  |
| J2326                           |                        |  |       |  |
| <b>Sublocade™</b>               |                        |  |       |  |
| Q9991                           | Q9992                  |  |       |  |
| <b>Synagis®**</b>               |                        |  |       |  |
| 90378                           |                        |  |       |  |
| <b>Unclassified codes***</b>    |                        |  |       |  |
| C9399                           | J3490                  | J3590  |       |  |
| <b>Xolair®**</b>                |                        |  |       |  |
| J2357                           |                        |  |       |  |

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

| Procedures and Services                              | Additional Information  | CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization  |       |       |       |
|--|---|---|-------|-------|-------|
| <b>Injectable medications (cont'd)</b>               |   | <p>* Prior authorization is required for Florida Healthy Kids only. Requirement is carved out to the state for Florida MMA until 12/1/18; prior authorization required effective 12/1/18.</p> <p>** Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at <b>800-310-6826</b>.</p> <p>*** For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura, Crysvita<sup>®</sup>, Fasenna, Luxturna<sup>™</sup>, Radicava and Trogarzo<sup>™</sup>.</p> |       |       |       |
| <b>Joint replacement</b>                             | Prior authorization required  | 23470   | 23472 | 23473 | 23474 |
| Joint, total hip and knee replacement procedures     |   | 24360   | 24361 | 24362 | 24363 |
|  |   | 24370   | 24371 | 27120 | 27122 |
|  |   | 27125   | 27130 | 27132 | 27134 |
|  |   | 27137   | 27138 | 27412 | 27446 |
|  |   | 27447   | 27486 | 27487 | 29866 |
|  |   | 29867   | 29868 | J7330 | S2112 |
| <b>Massage Therapy</b>                               | <b>Effective 12/1/18</b>  | 97010   | 97112 | 97124 | 97140 |
|  | Prior authorization required  |   |       |       |       |
| <b>Non-emergent air ambulance transport</b>          | Prior authorization required  | A0430   | A0431 | A0435 | A0436 |
| <b>Orthognathic surgery</b>                          | Prior authorization required  | 21121   | 21123 | 21125 | 21127 |
| Treatment of maxillofacial/jaw functional impairment |   | 21141   | 21142 | 21143 | 21145 |
|  |   | 21146   | 21147 | 21150 | 21151 |
|  |   | 21154   | 21155 | 21159 | 21160 |
|  |   | 21188   | 21193 | 21194 | 21195 |
|  |   | 21196   | 21198 | 21199 | 21206 |
|  |   | 21208   | 21209 | 21210 | 21215 |
|  |   | 21240   | 21242 | 21244 | 21245 |
|  |   | 21246   | 21247 | 21248 | 21249 |
|  |   | 21255   | 21296 | 21299 |       |
| <b>Orthotics and prosthetics</b>                     | Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500 | L0170   | L0456 | L0458 | L0460 |
|  |   | L0462   | L0464 | L0470 | L0480 |
|  |   | L0482   | L0484 | L0486 | L0488 |
|  |   | L0491   | L0624 | L0629 | L0631 |
|  |   | L0700   | L0710 | L0810 | L0820 |
|  |   | L0830   | L0859 | L1000 | L1005 |
|  |   | L1200   | L1300 | L1310 | L1499 |
|  |   | L1680   | L1685 | L1686 | L1690 |
|  |   | L1700   | L1710 | L1720 | L1730 |
|  |   | L1755   | L1834 | L1840 | L1843 |
|  |   | L1844   | L1845 | L1846 | L1847 |
|  |   | L1850   | L1860 | L1932 | L1945 |
|  |   | L1950   | L1951 | L1970 | L2000 |
|  |   | L2005   | L2010 | L2020 | L2030 |
|  |   | L2034   | L2036 | L2037 | L2038 |
|  |   | L2060   | L2106 | L2108 | L2114 |
|  |   | L2116   | L2126 | L2128 | L2132 |
|  |   | L2134   | L2136 | L2350 | L2510 |

| Procedures and Services            | Additional Information | CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|------------------------------------|------------------------|--|-------|-------|-------|
| Orthotics and prosthetics (cont'd) |                        | L2526  | L2627 | L2628 | L3010 |
|                                    |                        | L3020  | L3031 | L3230 | L3649 |
|                                    |                        | L3671  | L3720 | L3730 | L3740 |
|                                    |                        | L3764  | L3900 | L3901 | L3904 |
|                                    |                        | L3905  | L3960 | L3961 | L3971 |
|                                    |                        | L3975  | L3976 | L3977 | L3999 |
|                                    |                        | L4000  | L4010 | L4020 | L4210 |
|                                    |                        | L4350  | L4392 | L4394 | L5000 |
|                                    |                        | L5010  | L5020 | L5050 | L5060 |
|                                    |                        | L5100  | L5105 | L5150 | L5160 |
|                                    |                        | L5200  | L5210 | L5220 | L5230 |
|                                    |                        | L5250  | L5280 | L5301 | L5321 |
|                                    |                        | L5331  | L5341 | L5400 | L5420 |
|                                    |                        | L5460  | L5530 | L5535 | L5540 |
|                                    |                        | L5560  | L5580 | L5585 | L5590 |
|                                    |                        | L5595  | L5600 | L5610 | L5613 |
|                                    |                        | L5614  | L5616 | L5639 | L5640 |
|                                    |                        | L5642  | L5643 | L5644 | L5646 |
|                                    |                        | L5648  | L5651 | L5653 | L5661 |
|                                    |                        | L5682  | L5702 | L5706 | L5716 |
|                                    |                        | L5718  | L5722 | L5724 | L5726 |
|                                    |                        | L5728  | L5780 | L5790 | L5795 |
|                                    |                        | L5811  | L5812 | L5814 | L5816 |
|                                    |                        | L5818  | L5822 | L5824 | L5826 |
|                                    |                        | L5828  | L5830 | L5848 | L5857 |
|                                    |                        | L5858  | L5930 | L5950 | L5960 |
|                                    |                        | L5961  | L5964 | L5966 | L5968 |
|                                    |                        | L5973  | L5976 | L5979 | L5980 |
|                                    |                        | L5981  | L5982 | L5984 | L5987 |
|                                    |                        | L5988  | L5990 | L6000 | L6010 |
|                                    |                        | L6020  | L6050 | L6055 | L6100 |
|                                    |                        | L6110  | L6120 | L6130 | L6200 |
|                                    |                        | L6205  | L6250 | L6300 | L6310 |
|                                    |                        | L6320  | L6350 | L6360 | L6370 |
|                                    |                        | L6380  | L6382 | L6384 | L6400 |
|                                    |                        | L6450  | L6500 | L6550 | L6570 |
|                                    |                        | L6580  | L6582 | L6584 | L6586 |
|                                    |                        | L6588  | L6590 | L6621 | L6623 |
|                                    |                        | L6624  | L6648 | L6686 | L6687 |
|                                    |                        | L6689  | L6690 | L6692 | L6693 |
|                                    |                        | L6704  | L6707 | L6708 | L6709 |
|                                    |                        | L6715  | L6880 | L6881 | L6882 |
|                                    |                        | L6900  | L6905 | L6910 | L6915 |
|                                    |                        | L6920  | L6925 | L6930 | L6935 |
|                                    | L6940                  | L6945  | L6950 | L6955 |       |
|                                    | L6960                  | L6965  | L6970 | L6975 |       |
|                                    | L7007                  | L7008  | L7009 | L7040 |       |
|                                    | L7045                  | L7170  | L7180 | L7181 |       |
|                                    | L7185                  | L7186  | L7190 | L7191 |       |

| Procedures and Services                   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |   |        |       |     |
|---|--|---|---|--------|-------|-----|
| <b>Orthotics and prosthetics (cont'd)</b> |  | L7405   | L8040                                       | L8042  | L8043 |     |
|   |  | L8044   | L8045                                       | L8046  | L8047 |     |
|   |  | L8499   | L8609                                       | L8610  | L8612 |     |
|   |  | L8631   | L8659                                       |        |       |     |
|   |  |   |   |        |       |     |
| <b>Outpatient therapy</b>                 | Prior authorization required   | 70371   | 92507                                       | 92508  | 92521 |     |
|   |  | 92522   | 92523                                       | 92524  | 92526 |     |
|   | For prior authorization, please call OptumHealth Physical Health at <b>800-873-4575</b> or the notification number on the back of the member's health plan ID card.  | 92597   | 92609                                       | 92610  | 92626 |     |
|   |  | 92627   | 92630                                       | 92633  | 96105 |     |
|   |  | 97012   | 97014                                       | 97016  | 97018 |     |
|   |  | 97022   | 97024                                       | 97026  | 97028 |     |
|   |  | 97032   | 97033                                       | 97034  | 97035 |     |
|   | <b>For patients ages 16 and older:</b>   | 97036   | 97039                                       | 97110* | 97112 |     |
|   | Care providers must also complete the Patient Summary Form PSF-750 online. If you're registered with Optum, you can edit and submit the form at <b>myoptumhealthphysicalhealth.com</b> > Resource Library > Clinical Submission Forms. If you can't submit the form online, please call OptumHealth Physical Health at <b>800-873-4575</b> . | 97113   | 97116                                       | 97139  | 97140 |     |
|   |  | 97150   | 97161                                       | 97162  | 97163 |     |
|   |  | 97164   | 97165                                       | 97166  | 97167 |     |
|   |  | 97168   | 97530                                       | 97533  | 97535 |     |
|   |  | 97537   | 97542                                       | 97545  | 97546 |     |
|   |  | 97750   | 97755                                       | 97760  | 97761 |     |
|   |  | 97762   | 97799                                       | G0129  | G0151 |     |
|   |  | G0152   | G0281                                       | G0282  | G0283 |     |
|   |  | G0515   | G9041                                       | G9043  | G9044 |     |
|   |  | S8990   | S9129                                       | S9131  | S9152 |     |
|   |  |   | OR billed with the following Revenue codes: |        |       |     |
|   |  |   | 419   | 420    | 421   | 422 |
|   |  |   | 423   | 424    | 429   | 430 |
|   |  |   | 431   | 432    | 433   | 434 |
|   |  |   | 439   | 977    | 978   |     |
|   |  | * Prior authorization is not required for Place of Service Home/12/Bill Type 3XX  |   |        |       |     |
| <b>Proton beam therapy</b>                | Prior authorization required   | 77520   | 77522                                       | 77523  | 77525 |     |
|   | Focused radiation therapy using beams of protons, which are tiny particles with a positive charge  |   |   |        |       |     |
| <b>Radiology</b>                          | Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:  | Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.  |   |        |       |     |
|   | <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>   | <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/flcommunityplan</b> &gt; Prior Authorization and Notification Resources &gt;Radiology Prior Authorization and Notification Program</p> |   |        |       |     |



| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization            |       |       |       |
|---|--|---|-------|-------|-------|
| <b>Rhinoplasty and septoplasty</b>  | Prior authorization required   | 30400   | 30410 | 30420 | 30430 |
| Treatment of nasal functional impairment and septal deviation   |  | 30435   | 30450 | 30460 | 30462 |
|   |  | 30465   |       |       |       |
| <b>Sinuplasty</b>   | Prior authorization required   | 31295   | 31296 | 31297 | 31298 |
| <b>Site of service (SOS) – outpatient hospital</b>  | Prior authorization only required when requesting service in an outpatient hospital setting      | <b>Carpal tunnel surgery</b><br>64721                                   |       |       |       |
|   | Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) | <b>Cataract surgery</b><br>66821 66982 66984                            |       |       |       |
|   | Prior authorization requirements don't apply to Monroe County.                                   | <b>Colonoscopy</b><br>45378 45380 45384 45385                           |       |       |       |
|   |  | <b>Ear, nose and throat (ENT) procedures</b><br>69436                   |       |       |       |
|   |  | <b>Gynecologic procedures</b><br>57522 58558 58563                      |       |       |       |
|   |  | <b>Hernia repair</b><br>49505   |       |       |       |
|   |  | <b>Miscellaneous</b><br>20680   |       |       |       |
|   |  | <b>Ophthalmologic</b><br>65426  |       |       |       |
|   |  | <b>Tonsillectomy and adenectomy</b><br>42820 42821 42825 42826<br>42830 |       |       |       |
|   |  | <b>Upper and lower gastrointestinal endoscopy</b><br>43235 43239 43249  |       |       |       |
|   |  | <b>Urologic procedures</b><br>52000 52005                               |       |       |       |
| <b>Sleep apnea procedures and surgeries</b>   | Prior authorization required   | 21685   | 41599 | 42145 |       |
| Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea |  |   |       |       |       |
| <b>Spinal stimulator for pain management</b>  | Prior authorization required   | 63650   | 63655 | 63685 |       |
| Spinal cord stimulators when implanted for pain management  |  |   |       |       |       |
| <b>Spinal surgery</b>   | Prior authorization required   | 0095T   | 0098T | 0164T | 22100 |
|   |  | 22101   | 22102 | 22110 | 22112 |
|   |  | 22114   | 22206 | 22207 | 22210 |
|   |  | 22212   | 22214 | 22220 | 22224 |
|   |  | 22532   | 22533 | 22548 | 22551 |
|   |  | 22554   | 22556 | 22558 | 22586 |
|   |  | 22590   | 22595 | 22600 | 22610 |

| Procedures and Services  | Additional Information | CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization |   |       |       |       |
|--|------------------------|--|---|-------|-------|-------|
| <b>Spinal surgery (cont'd)</b>   |                        | 22612  | 22630   | 22633 | 22800 |       |
|  |                        | 22802  | 22804   | 22808 | 22810 |       |
|  |                        | 22812  | 22818   | 22819 | 22830 |       |
|  |                        | 22849  | 22850   | 22852 | 22855 |       |
|  |                        | 22856  | 22861   | 22864 | 22865 |       |
|  |                        | 22899  | 63001   | 63003 | 63005 |       |
|  |                        | 63011  | 63012   | 63015 | 63016 |       |
|  |                        | 63017  | 63020   | 63030 | 63040 |       |
|  |                        | 63042  | 63045   | 63046 | 63047 |       |
|  |                        | 63050  | 63055   | 63056 | 63064 |       |
|  |                        | 63075  | 63077   | 63081 | 63085 |       |
|  |                        | 63087  | 63090   | 63101 | 63102 |       |
|  |                        | 63170  | 63172   | 63173 | 63180 |       |
|  |                        | 63182  | 63185   | 63190 | 63191 |       |
|  |                        | 63194  | 63195   | 63196 | 63198 |       |
|  |                        | 63199  | 63200   | 63250 | 63251 |       |
|  |                        | 63252  | 63265   | 63267 | 63268 |       |
|  |                        | 63270  | 63271   | 63272 | 63286 |       |
|  |                        | 63300  | 63301   | 63302 | 63303 |       |
|  |                        | 63304  | 63305   | 63306 | 63307 |       |
|  |                        | 63308  | 64553   | 64570 |       |       |
|  | <b>Transplants</b>     | Prior authorization required   | For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card. |       |       |       |
|  |                        |  | 32850   | 32851 | 32852 | 32853 |
|  |                        |  | 32854   | 32855 | 32856 | 33930 |
| 33933  |                        |  | 33935   | 33940 | 33944 |       |
| 33945  |                        |  | 38208   | 38209 | 38210 |       |
| 38212  |                        |  | 38213   | 38214 | 38215 |       |
| 38232  |                        |  | 38240   | 38241 | 38242 |       |
| 44132  |                        |  | 44133   | 44135 | 44136 |       |
| 44137  |                        |  | 44715   | 44720 | 44721 |       |
| 47133  |                        |  | 47135   | 47140 | 47141 |       |
| 47142  |                        |  | 47143   | 47144 | 47145 |       |
| 47146  |                        |  | 47147   | 48551 | 48552 |       |
| 48554  |                        |  | 50300   | 50320 | 50323 |       |
| 50325  |                        |  | 50340   | 50360 | 50365 |       |
| 50370  |                        |  | 50380   | 50547 | S2060 |       |
| S2061  |                        |  | S2152   |       |       |       |
| Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes |                        |  |   |       |       |       |
| 38206  |                        |  | 38999   | J3490 | J9999 |       |
| S2107  |                        |  | Q2040   | Q2041 |       |       |

| Procedures and Services   | Additional Information       | CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization   |                |                |                |
|---|------------------------------|--|----------------|----------------|----------------|
| <b>Vagus nerve stimulation</b><br>Implantation of a device that sends electrical impulses into one of the cranial nerves  | Prior authorization required | 61885<br>L8685   | 64568<br>L8686 | L8680<br>L8687 | L8682<br>L8688 |
| <b>Vein procedures</b><br>Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities | Prior authorization required | 36468<br>37700   | 36473<br>37718 | 36475<br>37722 | 36478<br>37780 |
| <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                | Prior authorization required | Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> . |                |                |                |
|   |                              | 33927  | 33928          | 33929          | 33975          |
|   |                              | 33976  | 33979          | 33981          | 33982          |
|   |                              | 33983  | Q0507          | Q0508          | Q0509          |