

# Prior Authorization Requirements for Florida Effective September 1, 2017



## General Information

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

- **Online:** UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **Phone:** 866-604-3267
- **Fax:** 866-607-5975; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Florida > Provider Forms > Florida Prior Authorization Fax Request Form.

**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	Current Procedural Terminology (CPT) Codes			
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	0312T 0316T 43648 43842 43848 64590	0313T 0317T 43659 43845 43860 95980	0314T 43644 43770 43846 43881 95981	0315T 43645 43775 43847 43882 95982
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
<b>BRCA genetic testing</b>	Prior authorization required	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
<b>Breast pump, electric</b>	Prior authorization required	E0603	E0604		
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
<b>Carpal tunnel surgery</b>	Prior authorization required for the code identified if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center  <i>Prior authorization requirements don't apply to Monroe County.</i>	64721			
<b>Cataract surgery</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory	66821	66982	66984	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Cataract surgery (cont'd)</b>	<p>surgery center</p> <p><i>Prior authorization requirements don't apply to Monroe County.</i></p>				
<b>Circumcision</b>	<p>Prior authorization required for the code identified if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p> <p><i>Prior authorization requirements don't apply to Monroe County.</i></p>	54161			
<p><b>Cochlear implants and other auditory implants</b></p> <p>A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech</p>	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
<b>Colonoscopy</b>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p> <p><i>Prior authorization requirements don't apply to Monroe County.</i></p>	45378	45380	45384	45385
<p><b>Cosmetic and reconstructive</b></p> <p>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p>	Prior authorization required	11960 15822 15877 17999 21172 21181 21230 21261 21275 21740 30540 67900 67904 67911 67916 67923 67966	11971 15823 17106 21137 21175 21182 21235 21263 21280 21742 30545 67901 67906 67912 67917 67924 Q2026	15820 15830 17107 21138 21179 21183 21256 21267 21282 21743 30560 67902 67908 67914 67921 67950	15821 15847 17108 21139 21180 21184 21260 21268 21295 28344 30620 67903 67909 67915 67922 67961

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Durable medical equipment (DME): more than \$500</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i></p> <p>Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health services</i></p>	<p>A9279 E0270 E0457 E0470 E0485 E0650 E0668 E0693 E0764 E0784 E0984 E1004 E1008 E1036 E1090 E1220 E1234 E1238 E1290 E1825 E2227 E2312 E2327 E2343 E2375 E2512 E2627 K0005 K0013 K0800 K0807 K0823 K0827 K0837 K0841 K0849 K0853 K0857 K0861 K0899 V5269 V5281 V5287</p>	<p>A9280 E0300 E0460 E0471 E0486 E0651 E0675 E0694 E0766 E0786 E0986 E1005 E1010 E1085 E1130 E1231 E1235 E1250 E1300 E1830 E2228 E2321 E2328 E2351 E2376 E2599 E2628 K0007 K0014 K0801 K0808 K0824 K0828 K0838 K0842 K0850 K0854 K0858 K0862 T1999 V5270 V5282 V5288</p>	<p>A9900 E0304 E0465 E0472 E0620 E0652 E0691 E0745 E0782 E0947 E1002 E1006 E1030 E1086 E1140 E1232 E1236 E1260 E1310 E1840 E2310 E2322 E2329 E2370 E2510 E2616 E2629 K0008 K0108 K0802 K0821 K0825 K0829 K0839 K0843 K0851 K0855 K0859 K0863 T5999 V5271 V5283 V5290</p>	<p>E0265 E0445 E0466 E0483 E0642 E0667 E0692 E0762 E0783 E0948 E1003 E1007 E1035 E1089 E1161 E1233 E1237 E1285 E1399 E2204 E2311 E2325 E2330 E2373 E2511 E2626 E2630 K0011 K0730 K0806 K0822 K0826 K0836 K0840 K0848 K0852 K0856 K0860 K0864 V2786 V5272 V5286</p>
<p><b>Ear, nose and throat procedures</b></p>	<p>Prior authorization required if performed in an outpatient hospital setting</p>	<p>69436</p>			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Ear, nose and throat procedures (cont'd)</b>	Prior authorization not required if performed at a participating ambulatory surgery center  <i>Prior authorization requirements don't apply to Monroe County.</i>				
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4103 B4152 B4161	B4035 B4104 B4153 B9998	B4036 B4149 B4155	B4100 B4150 B4160
<b>Experimental and investigational</b>	Prior authorization required	0085T 0271T 55866 61868 62291 65765 95966 A6000 A9278 S1030 S9990	0191T 33477 61863 61886 62292 65767 95967 A9274 E0231 S1031 S9991	0269T 36514 61864 62264 64555 66180 95978 A9276 E1831 S1040	0270T 54240 61867 62290 64722 95965 A4638 A9277 S0810 S9988
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31239 31256 31288	31240 31267	31254 31276	31255 31287
<b>Gynecologic procedures</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center  <i>Prior authorization requirements don't apply to Monroe County.</i>	57522	58558	58563	
<b>Hernia repair</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center  <i>Prior authorization requirements don't apply to Monroe County.</i>	49505			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0299 G0300 S9122 S9123 S9124 T1021 T1030 T1031
Hospice	Prior authorization required	T2042 T2043 T2044 T2045
Injectable medications	Prior authorization required	<p><b>Acthar®</b> J0800</p> <p><b>Botox®</b> J0585 J0586 J0587 J0588</p> <p><b>Cerezyme®</b> J1786</p> <p><b>Cinqair®</b> J2786</p> <p><b>Elelyso®</b> J3060</p> <p><b>IVIG</b> 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p><b>Makena®</b> J1725 J2675</p> <p><b>Nucala®</b> J2182</p> <p><b>Probuphine®</b> J0570</p> <p><b>Synagis®*</b> 90378</p> <p><b>Unclassified**</b> J3490 J3590</p> <p><b>Xolair®*</b> J2357</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 J3490 and</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Injectable medications (cont'd)</b>		J3590, prior authorization is only required for Exondys 51™, Ocrevus™ and Spinraza™.			
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		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>Miscellaneous</b>	Prior authorization required if performed in an outpatient hospital setting	20680			
	Prior authorization not required if performed at a participating ambulatory surgery center				
	Prior authorization requirements don't apply to Monroe County.				
<b>Ophthalmologic</b>	Prior authorization required if performed in an outpatient hospital setting	65426			
	Prior authorization not required if performed at a participating ambulatory surgery center				
	Prior authorization requirements don't apply to Monroe County.				
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		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	30465
<b>Orthotics and prosthetics: more than \$500</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include member's home	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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L1700	L1710	L1720	L1730
		L1755	L1810	L1812	L1820
		L1832	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
		L2525	L2526	L2627	L2628
		L2999	L3000	L3010	L3020
		L3031	L3201	L3202	L3203
		L3204	L3206	L3207	L3215
		L3216	L3217	L3219	L3221
		L3222	L3230	L3251	L3253
		L3649	L3671	L3720	L3730
		L3740	L3763	L3764	L3765
		L3766	L3900	L3901	L3904
		L3905	L3960	L3961	L3962
		L3967	L3971	L3973	L3975
		L3976	L3977	L3978	L3999
		L4000	L4010	L4020	L4210
		L4350	L4360	L4392	L4394
		L4396	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	L5611	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5645	L5646
		L5647	L5648	L5649	L5651
		L5653	L5661	L5673	L5679
		L5681	L5682	L5700	L5701
		L5702	L5705	L5706	L5707
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5781
		L5782	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L5830 L5856 L5950 L5964 L5976 L5982 L5988 L6010 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6686 L6692 L6708 L6881 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L8035 L8043 L8047 L8610 V2623	L5840 L5857 L5960 L5966 L5979 L5984 L5990 L6020 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6687 L6693 L6709 L6882 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L8040 L8044 L8499 L8612 V2627	L5845 L5858 L5961 L5968 L5980 L5986 L5999 L6026 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6689 L6704 L6715 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7405 L8041 L8045 L8500 L8631	L5848 L5930 L5962 L5973 L5981 L5987 L6000 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6648 L6690 L6707 L6880 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L7499 L8042 L8046 L8609 L8659
<p><b>Outpatient therapy</b></p>	<p>Prior authorization required</p> <p>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.</p>	70371 92522 92626 96105 97016 97026 97034 97110* 97124 97161 97165 97530* 97537	92507 92523 92627 97010 97018 97028 97035 97112 97139 97162 97166 97532 97542	92508 92524 92630 97012 97022 97032 97036 97113 97140 97163 97167 97533 97545	92521 92526 92633 97014 97024 97033 97039 97116 97150 97164 97168 97535 97546



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
<b>Outpatient therapy (cont'd)</b>		97750 97755 97760 97761 97762 97799 G0129 G0151 G0152 G0281 G0282 G0283 G9041 G9043 G9044 S8990 S9129 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 not required for Place of Service Home/12/Bill Type 3XX
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520 77522 77523 77525
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30410 30420 30430 30435 30450 30460 30462
<b>Sinuplasty</b>	Prior authorization required	31295 31296 31297
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685 41599 42145
<b>Spinal stimulator for pain management</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650 63655 63685
<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 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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Spinal surgery (cont'd)</b>		63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308	63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553	63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570	63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307
<b>Tonsillectomy and adenoidectomy</b>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p> <p><i>Prior authorization requirements don't apply to Monroe County.</i></p>	42820 42830	42821	42825	42826
<b>Upper gastrointestinal endoscopy</b>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p> <p><i>Prior authorization requirements don't apply to Monroe County.</i></p>	43235	43239	43249	
<b>Urologic procedures</b>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p> <p>Prior authorization requirements don't apply to Monroe County.</p>	52000	52005		
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885 L8685	64568 L8686	L8680 L8687	L8682 L8688

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
<b>Vein procedures</b> 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    36473    36475    36478 37700    37718    37722    37780

**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
<b>Behavioral health services</b>	Prior authorization required  Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.
<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)</li> </ul> <p>To submit a prior authorization online request for injectable chemotherapy drugs, please log on to <b>UnitedHealthcareOnline.com</b> &gt; Notifications/Prior Authorizations &gt; Oncology Authorization Submission and Status &gt; Submit or Look Up Chemotherapy Prior Authorization Request.</p>
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.  For prior authorization, please submit requests online at <b>UnitedHealthcareOnline.com</b> > Notifications/Prior Authorizations > Radiology Notification & Authorization – Submission & Status, or call <b>866-889-8054</b> .  For more details and the CPT codes that require prior authorization, please visit <b>UHCCommunityPlan.com</b> > For Health

**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																												
Radiology (cont'd)		Care Professionals > Florida > Radiology > CPT Code List.																																																												
Transplants	Prior authorization required	<p>For transplant services, 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.</p> <table border="0"> <tr><td>32850</td><td>32851</td><td>32852</td><td>32853</td></tr> <tr><td>32854</td><td>32855</td><td>32856</td><td>33930</td></tr> <tr><td>33933</td><td>33935</td><td>33940</td><td>33944</td></tr> <tr><td>33945</td><td>38208</td><td>38209</td><td>38210</td></tr> <tr><td>38212</td><td>38213</td><td>38214</td><td>38215</td></tr> <tr><td>38232</td><td>38240</td><td>38241</td><td>38242</td></tr> <tr><td>44132</td><td>44133</td><td>44135</td><td>44136</td></tr> <tr><td>44137</td><td>44715</td><td>44720</td><td>44721</td></tr> <tr><td>47133</td><td>47135</td><td>47140</td><td>47141</td></tr> <tr><td>47142</td><td>47143</td><td>47144</td><td>47145</td></tr> <tr><td>47146</td><td>47147</td><td>48551</td><td>48552</td></tr> <tr><td>48554</td><td>50300</td><td>50320</td><td>50323</td></tr> <tr><td>50325</td><td>50340</td><td>50360</td><td>50365</td></tr> <tr><td>50370</td><td>50380</td><td>50547</td><td>S2060</td></tr> <tr><td>S2061</td><td>S2152</td><td></td><td></td></tr> </table>	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		
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