

# Prior Authorization Requirements for Florida

## Effective April 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:** 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	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Bariatric surgery</b>	Prior authorization required	0312T	0313T	0314T	0315T
Bariatric surgery and specific obesity-related services		0316T	0317T	43644	43645
		43648	43659	43770	43775
		43842	43845	43846	43847
		43848	43860	43881	43882
		64590	95980	95981	95982
<b>Behavioral health services</b>	Prior authorization required	Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.			
	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.				
<b>Bone growth stimulator</b>	Prior authorization required	20975	20979	E0747	E0748
Electronic stimulation or ultrasound to heal fractures		E0749	E0760		
<b>BRCA genetic testing</b>	Prior authorization required	81162	81211	81212	81213
		81214	81215	81216	81217
		81432	81433		
<b>Breast pump, electric</b>	Prior authorization required	E0604			
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	19316	19318	19324	19325
Reconstruction of the breast except when following mastectomy		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and	<b>Injectable chemotherapy drugs that require prior authorization:</b>			
		<ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 -</li> </ul>			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Chemotherapy (cont'd)</b>	intrathecal for a cancer diagnosis	J9999), Leucovorin (J0640), Levoleucovorin (J0641) <ul style="list-style-type: none"> <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, 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>			
<b>Circumcision</b>	<b>For Florida MMA only:</b> Prior authorization required for patients ages 12 weeks and older	54161			
<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69710	69714	69715	69718
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech		69930	L8614	L8619	L8690
		L8691	L8692		
<b>Colony stimulating factor drugs</b>	Prior authorization required for colony stimulating factor drugs administered in an outpatient setting for a cancer diagnosis	<b>Bio similar (Zarxio®)</b> Q5101  <b>Filgrastim (Neupogen®)</b> J1442  <b>Pegfilgrastim (Neulasta®)</b> J2505  <b>Sargramostim (Leukine®)</b> J2820  <b>Tbo-filgrastim (Granix®)</b> J1447  <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>			
<b>Cosmetic and reconstructive</b>	Prior authorization required	11960	11971	15820	15821
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15822	15823	15830	15847
		15877	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21230	21235	21256	21275
		21280	21282	21295	21740

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive (cont'd)</b>		21742	21743	28344	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		
	<b>Durable medical equipment (DME): more than \$500</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include patient's home	A9279	A9280	E0265
E0300			E0445	E0457	E0460
E0466			E0483	E0620	E0642
E0675			E0693	E0694	E0745
E0762			E0764	E0766	E0784
E0984			E0986	E1002	E1003
E1004			E1005	E1006	E1007
E1008			E1010	E1030	E1035
E1036			E1161	E1231	E1232
E1233			E1234	E1235	E1236
Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .		E1237	E1238	E1399	E2227
		E2228	E2322	E2325	E2327
		E2329	E2351	E2373	E2510
		E2511	E2599	E2626	E2627
		E2628	E2629	E2630	K0005
		K0008	K0013	K0108	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856
		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864
S1040	T1999	T5999	V2786		
V5269	V5270	V5271	V5272		
V5281	V5282	V5283	V5286		
V5287	V5288	V5290			
<b>Enteral services</b>	Prior authorization required	B9998			
In-home nutritional therapy, either enteral or through a gastrostomy tube					
<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	31254	31255	31256
		31267	31276	31287	31288
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home	S9122	S9123	S9124	T1021
		T1030	T1031		
<b>Injectable medications</b>	Prior authorization required	<b>Acthar<sup>®</sup></b> J0800			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)	<b>Botox<sup>®</sup></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>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				
	<b>Makena<sup>®</sup></b> J1726	J1729	J2675		
	<b>Nucala<sup>®</sup></b> J2182				
	<b>Ocrevus<sup>™</sup></b> J2350				
	<b>Probuphine<sup>®</sup></b> J0570				
	<b>Radicava<sup>®</sup></b> C9493				
	<b>Soliris<sup>®</sup></b> J1300				
	<b>Spinraza<sup>™*</sup></b> J2326				

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (cont'd)</b>		<b>Synagis<sup>®**</sup></b>			
		90378			
		<b>Unclassified***</b>			
		C9399	J3490	J3590	
		<b>Xolair<sup>®**</sup></b>			
		J2357			
		Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <b>UHCprovider.com</b> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.			
		* Prior authorization is required for Florida Healthy Kids only. Requirement is carved out to the state for Florida MMA.			
		** Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at <b>800-310-6826</b> .			
		*** For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura, Fasentra <sup>™</sup> , Luxturna <sup>™</sup> and Radicava.			
<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>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: more than \$500</b>	Prior authorization required only in outpatient settings, to include member's home	L0170	L0456	L0458	L0460
Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500		L0462	L0464	L0470	L0480
		L0482	L0484	L0486	L0488
		L0491	L0624	L0629	L0631

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics: more than \$500 (cont'd)  Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500		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
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<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		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	
		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.	92626	92627	92630	92633	
		96105	97010	97012	97014	
		97016	97018	97022	97024	
		97026	97028	97032	97033	
		97034	97035	97036	97039	
	<b><u>For patients ages 16 and older:</u></b>	97110*	97112	97113	97116	
	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> .	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					

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiology</b>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <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>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <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>UHCCommunityPlan.com</b> &gt; For Health Care Professionals &gt; Florida &gt; Radiology &gt; CPT Code List.</p>			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	
<b>Site of service (SOS) – outpatient hospital</b>	<p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)</p> <p>Prior authorization requirements don't apply to Monroe County.</p>	<p><b>Carpal tunnel surgery</b> 64721</p> <p><b>Cataract surgery</b> 66821    66982    66984</p> <p><b>Colonoscopy</b> 45378    45380    45384    45385</p> <p><b>Ear, nose and throat (ENT) procedures</b> 69436</p> <p><b>Gynecologic procedures</b> 57522    58558    58563</p> <p><b>Hernia repair</b> 49505</p> <p><b>Miscellaneous</b> 20680</p> <p><b>Ophthalmologic</b> 65426</p> <p><b>Tonsillectomy and adenectomy</b> 42820    42821    42825    42826 42830</p> <p><b>Upper and lower gastrointestinal endoscopy</b> 43235    43239    43249</p> <p><b>Urologic procedures</b> 52000    52005</p>			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<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
		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

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants (cont'd)</b>		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	
<b>Vagus nerve stimulation</b>	Prior authorization required	61885	64568	L8680	L8682
Implantation of a device that sends electrical impulses into one of the cranial nerves		L8685	L8686	L8687	L8688
<b>Vein procedures</b>	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37780
<b>Ventricular assist devices (VAD)</b>	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> .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509