

# Prior Authorization Requirements for Florida Effective July 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>Cataract surgery</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>	66821	66982	66984	
<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Colonoscopy</b></p>	<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> 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>	<p>Prior authorization required</p>	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21260
		21261	21263	21267	21268
		21275	21280	21282	21295
		21740	21742	21743	28344
		30540	30545	30560	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		
<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>	A9279	A9280	A9900	E0265
		E0270	E0300	E0304	E0445
		E0457	E0460	E0465	E0466
		E0470	E0471	E0472	E0483
		E0485	E0486	E0620	E0642
		E0650	E0651	E0652	E0667
		E0668	E0675	E0691	E0692
		E0693	E0694	E0745	E0762
		E0764	E0766	E0782	E0783
		E0784	E0786	E0947	E0948
		E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1010	E1030	E1035
		E1036	E1085	E1086	E1089
		E1090	E1130	E1140	E1161
		E1220	E1231	E1232	E1233
		E1234	E1235	E1236	E1237
		E1238	E1250	E1260	E1285
		E1290	E1300	E1310	E1399
		E1825	E1830	E1840	E2204

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Durable medical equipment (DME): more than \$500 (cont'd)</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$500		E2227	E2228	E2310	E2311
		E2312	E2321	E2322	E2325
		E2327	E2328	E2329	E2330
		E2343	E2351	E2370	E2373
		E2375	E2376	E2510	E2511
		E2512	E2599	E2616	E2626
		E2627	E2628	E2629	E2630
		K0005	K0007	K0008	K0011
		K0013	K0014	K0108	K0730
		K0800	K0801	K0802	K0806
		K0807	K0808	K0821	K0822
		K0823	K0824	K0825	K0826
		K0827	K0828	K0829	K0836
		K0837	K0838	K0839	K0840
		K0841	K0842	K0843	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856
		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864
		K0899	T1999	T5999	V2786
V5269	V5270	V5271	V5272		
V5281	V5282	V5283	V5286		
V5287	V5288	V5290			
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4103	B4104	B4149	B4150
		B4152	B4153	B4155	B4160
		B4161	B9998		
<b>Experimental and investigational</b>	Prior authorization required	0085T	0191T	0269T	0270T
		0271T	33477	36514	54240
		55866	61863	61864	61867
		61868	61886	62264	62290
		62291	62292	64555	64722
		65765	65767	66180	95965
		95966	95967	95978	A4638
		A6000	A9274	A9276	A9277
		A9278	E0231	E1831	S0810
		S1030	S1031	S1040	S9988
		S9990	S9991		
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31239	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	G0299	G0300	S9122	S9123
		S9124	T1021	T1030	T1031

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Hospice</b>	Prior authorization required	T2042	T2043	T2044	T2045
<b>Injectable medications</b>	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><small>*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at <b>800-310-6826</b>.</small></p> <p><small>** For Unclassified codes J3490 and J3590, prior authorization is only required for Exondys 51™, Ocrevus™ and Spinraza™.</small></p>			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes					
<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>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		
		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		

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>		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
		L5830	L5840	L5845	L5848
		L5856	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6026	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

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>		L6708 L6881 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L8035 L8043 L8047 L8610 V2623	L6709 L6882 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L8040 L8044 L8499 L8612 V2627	L6715 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7405 L8041 L8045 L8500 L8631	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 97750 97762 G0152 G9041 S9129	92507 92523 92627 97010 97018 97028 97035 97112 97139 97162 97166 97532 97542 97755 97799 G0281 G9043 S9152	92508 92524 92630 97012 97022 97032 97036 97113 97140 97163 97167 97533 97545 97760 G0129 G0282 G9044	92521 92526 92633 97014 97024 97033 97039 97116 97150 97164 97168 97535 97546 97761 G0151 G0283 S8990
<p><b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge</p>	<p>Prior authorization required</p>	77520	77522	77523	77525

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

**Prior Authorization Requirements for Florida  
Effective July 1, 2017**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435	30410 30450	30420 30460	30430 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 22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308	0098T 22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553	0164T 22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307
<b>Tonsillectomy and adenoidectomy</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if	42820 42830	42821	42825	42826



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
<b>Tonsillectomy and adenoidectomy (cont'd)</b>	performed at a participating ambulatory surgery center  <i>Prior authorization requirements don't apply to Monroe County.</i>	
<b>Upper gastrointestinal endoscopy</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>	43235    43239    43249
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885    64568    L8680    L8682 L8685    L8686    L8687    L8688
<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	<b>Injectable chemotherapy drugs that require prior authorization:</b> <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</p>

**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																												
Chemotherapy (cont'd)		<p><b>UnitedHealthcareOnline.com</b> &gt; Notifications/Prior Authorizations &gt; Oncology Authorization Submission and Status &gt; Submit or Look Up Chemotherapy Prior Authorization Request.</p>																																																												
Radiology	<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 at <b>UnitedHealthcareOnline.com</b> &gt; Notifications/Prior Authorizations &gt; Radiology Notification &amp; Authorization – Submission &amp; Status, or call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCCCommunityPlan.com</b> &gt; For Health Care Professionals &gt; Florida &gt; Radiology &gt; CPT Code List.</p>																																																												
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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32854	32855	32856	33930																																																											
33933	33935	33940	33944																																																											
33945	38208	38209	38210																																																											
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44132	44133	44135	44136																																																											
44137	44715	44720	44721																																																											
47133	47135	47140	47141																																																											
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48554	50300	50320	50323																																																											
50325	50340	50360	50365																																																											
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S2061	S2152																																																													