

Prior Authorization Requirements for Florida Effective April 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			
Bariatric surgery 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
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
BRCA genetic testing	Prior authorization required	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
Breast pump, electric	Prior authorization required	E0603	E0604		
Breast reconstruction (non-mastectomy) 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
Cataract surgery	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	
Cochlear implants and other auditory implants 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>Colonoscopy</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>Cosmetic and reconstructive 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>Durable medical equipment (DME): more than \$500 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	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	E2227

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Durable medical equipment (DME): more than \$500 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$500		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				
Enteral services 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		
Experimental and investigational	Prior authorization required	0085T	0191T	0269T	0270T
		0271T	0282T	0283T	0285T
		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			
		Functional endoscopic sinus surgery (FESS)	Prior authorization required	31239	31240
31256	31267			31276	31287
31288					
Home health care	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			
Hospice	Prior authorization required	T2042	T2043	T2044	T2045
Injectable medications	Prior authorization required	<p>Acthar[®] J0800</p> <p>Botox[®] J0585 J0586 J0587 J0588</p> <p>Cerezyme[®] J1786</p> <p>Cinqair[®] J2786</p> <p>Elelyso[®] J3060</p> <p>IVIG 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Makena[®] J1725 J2675</p> <p>Nucala[®] J2182</p> <p>Probuphine[®] J0570</p> <p>Synagis^{®*} 90378</p> <p>Unclassified** J3490 J3590</p> <p>Xolair^{®*} J2357</p> <p><small>*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</small></p> <p><small>**For Unclassified codes J3490 and J3590, prior authorization is required for Ocrevus[™].</small></p>			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes					
Joint replacement 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		
		Orthognathic surgery 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		
Orthotics and prosthetics: more than \$500 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>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</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			
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		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	L7499
		L8035	L8040	L8041	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8500	L8609
		L8610	L8612	L8631	L8659
		V2623	V2627		
Outpatient therapy	Prior authorization required For prior authorization, please call OptumHealth Physical Health at 800-873-4575 or the notification number on the back of the member's health plan ID card.	92507	92508	92521	92522
		92523	92524	92526	97010
		97012	97014	97016	97018
		97022	97026	97028	97033
		97034	97039	97110	97112
		97113	97116	97124	97140
		97161	97162	97163	97164
		97165	97166	97167	97168
		97530	97799	G0129	G0151
		G0152	S8990	S9129	S9152
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
Sinuplasty	Prior authorization required	31295	31296	31297	
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
Spinal surgery	Prior authorization required	0095T	0098T	0164T	22100
		22101	22102	22110	22112
		22114	22206	22207	22210

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Spinal surgery (cont'd)		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	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	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	22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307
Tonsillectomy and adenoidectomy	<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
Upper gastrointestinal endoscopy	<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	
Vagus nerve stimulation 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
Vein procedures 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
Behavioral health services	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.
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<p>Injectable chemotherapy drugs that require prior authorization:</p> <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) <p>To submit a prior authorization online request for injectable chemotherapy drugs, please log on to UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Oncology Authorization Submission and Status > Submit or Look Up Chemotherapy Prior Authorization Request.</p>
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	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 UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Radiology Notification & Authorization – Submission & Status, or call 866-889-8054 .

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)		For more details and the CPT codes that require prior authorization, please visit UHCommunityPlan.com > For Health 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 800-418-4994 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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