

General Information

The following list represents our prior authorization requirements for UnitedHealthcare Community Plan in Florida, participating/contracted providers (inpatient and outpatient). All services rendered by a non-contracted physician, facility or other health care provider must receive prior authorization.

Please use the following for prior authorization review for coverage:

- Products: Medicaid, Florida Healthy Kids
- **Phone:** 866-604-3267 **Fax:** 866-607-5975
- **Online:** UHCCommunityplan.com

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Bariatric surgery	Inpatient and outpatient bariatric surgery and specific obesity-related services	43644 43659 43773 43843 43848 43882 64590 0312T 0316T	43645 43770 43774 43845 43860 43886 95980 0313T 0317T	43647 43771 43775 43846 43865 43887 95981 0314T	43648 43772 43842 43847 43881 43888 95982 0315T
Bone growth stimulator	Electronic stimulation or ultrasound to heal fractures	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
BRCA genetic testing		81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
Breast reconstruction (non-mastectomy)	Reconstruction of the breast except when following mastectomy	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 is required if performed in an outpatient hospital setting for members 18 years and older. Prior authorization is not required if performed at a participating ambulatory surgery center. Excludes procedures performed in Monroe County.	66821	66982	66984	
Cochlear and other auditory implants	A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	69710 69718 L8616 L8623 L8690	69714 69930 L8617 L8624 L8691	69715 L8614 L8618 L8627 L8692	69717 L8615 L8619 L8628
Colonoscopy	Prior authorization is required if performed in an outpatient hospital setting for members 18 years and older. Prior authorization is not required if performed at a participating ambulatory surgery center. Excludes procedures performed in Monroe County.	45378	45380	45384	45385

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Cosmetic and reconstructive	<p>Advance notification required for inpatient and outpatient cosmetic and reconstructive services</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>	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
Durable medical equipment (DME) – more than \$500	<p>DME codes listed with a retail purchase or rental cost of more than \$500 – outpatient only</p> <p>Prosthetics are not DME (<i>see Prosthetics and Orthotics</i>)</p> <p>Some home health care services may qualify but are not subject to the cost threshold (<i>see Home Health Care Services</i>).</p>	A9275 E0265 E0445 E0466 E0483 E0650 E0667 E0692 E0762 E0784 E0984 E1004 E1008 E1036 E1090 E1220 E1233 E1237 E1285 E1399 E2204 E2311 E2325 E2330 E2373 E2511 E2616 E2627 K0005 K0013 K0800 K0807 K0823 K0827 K0837	A9279 E0270 E0457 E0470 E0485 E0651 E0668 E0693 E0764 E0786 E0986 E1005 E1010 E1085 E1130 E1226 E1234 E1238 E1290 E1825 E2227 E2312 E2327 E2343 E2375 E2512 E2620 E2628 K0007 K0014 K0801 K0808 K0824 K0828 K0838	A9280 E0300 E0460 E0471 E0486 E0652 E0675 E0694 E0782 E0947 E1002 E1006 E1030 E1086 E1140 E1231 E1235 E1250 E1300 E1830 E2228 E2321 E2328 E2351 E2376 E2599 E2621 E2629 K0008 K0108 K0802 K0821 K0825 K0829 K0839	A9900 E0304 E0465 E0472 E0620 E0666 E0691 E0745 E0783 E0948 E1003 E1007 E1035 E1089 E1161 E1232 E1236 E1260 E1310 E1840 E2310 E2322 E2329 E2370 E2510 E2614 E2626 E2630 K0011 K0730 K0806 K0822 K0826 K0836 K0840

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 rental cost of more than \$500 – outpatient only Prosthetics are not DME (<i>see Prosthetics and Orthotics</i>) Some home health care services may qualify but are not subject to the cost threshold (<i>see Home Health Care Services</i>).	K0841 K0849 K0853 K0857 K0861 K0899 Q0482 Q0489 Q0496 Q0506 V5268 V5272 V5284 V5288	K0842 K0850 K0854 K0858 K0862 Q0479 Q0483 Q0490 Q0502 T1999 V5269 V5281 V5285 V5289	K0843 K0851 K0855 K0859 K0863 Q0480 Q0484 Q0491 Q0503 T5999 V5270 V5282 V5286 V5290	K0848 K0852 K0856 K0860 K0864 Q0481 Q0488 Q0495 Q0504 V2786 V5271 V5283 V5287
Enteral services	In home nutritional therapy either enteral or through a gastrostomy tube	B4034 B4103 B4152 B4157 B9998	B4035 B4104 B4153 B4160	B4036 B4149 B4154 B4161	B4100 B4150 B4155 B4162
Experimental and investigational		33477 61863 61886 62292 65767 95965 96002 0270T 0285T A9276 E1831 S1040 S9990	36514 61864 62264 64555 66180 95966 0085T 0271T A4638 A9277 S0810 S3652 S9991	54240 61867 62290 64722 95250 95967 0191T 0282T A6000 A9278 S1030 S8262	55866 61868 62291 65765 95251 95978 0269T 0283T A9274 E0231 S1031 S9988
Functional enterprise sinus surgery (FESS)		31237 31255 31287	31239 31256 31288	31240 31267	31254 31276
Home health services		G0151 G0158 G0300 S9128 T1031	G0152 G0159 S9122 S9129	G0153 G0160 S9123 T1021	G0157 G0299 S9124 T1030
Hospice	Authorization required inpatient place of service only	T2042	T2043	T2044	T2045
Injectable medications	Prior notification is obtained through OptumRx prior notifications services at 800-310-6826 for Makena, Synagis, and Xolair	Acthar J0800 Botox J0585 J0586 J0587 J0588			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Injectable medications (cont'd.)	Prior notification is obtained through OptumRx prior notifications services at 800-310-6826 for Makena, Synagis, and Xolair	<p>Cerezyme</p> <p>J1786</p> <p>Elelyso</p> <p>J3060</p> <p>IVIG</p> <p>90283 90284 J1459 J1556</p> <p>J1557 J1559 J1561 J1566</p> <p>J1568 J1569 J1572 J1575</p> <p>J1599</p> <p>Makena*</p> <p>J1725</p> <p>Synagis*</p> <p>90378</p> <p>Xolair*</p> <p>J2357</p>			
Joint replacement	Outpatient and inpatient joint and total hip and knee replacement procedures	23470 24360 24370 27125 27137 27447 29867	23472 24361 24371 27130 27138 27486 29868	23473 24362 27120 27132 27412 27487 J7330	23474 24363 27122 27134 27446 29866 S2112
Non-emergent air ambulance transport	Non-emergent Air Ambulance Transport requires prior authorization. Non-emergent Ground Ambulance Transport does NOT require prior authorization	A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery	Treatment of maxillofacial (jaw) functional impairment	21121 21127 21145 21151 21160 21195 21206 21215 21245 21249 30465	21122 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299
Orthotics/prosthetics – more than \$500	Orthotics and prosthetics codes listed with a retail purchase or a rental cost of more than \$500 – outpatient only	L0170 L0460 L0480 L0488	L0430 L0462 L0482 L0491	L0456 L0464 L0484 L0624	L0458 L0470 L0486 L0629

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics/prosthetics – more than \$500 (cont'd.)	Orthotics and prosthetics codes listed with a retail purchase or a rental cost of more than \$500 – outpatient only	L0631 L0820 L1005 L1499 L1690 L1730 L1820 L1843 L1847 L1945 L2000 L2030 L2038 L2114 L2132 L2510 L2628 L3020 L3203 L3215 L3221 L3253 L3730 L3765 L3904 L3962 L3975 L3999 L4210 L4394 L5020 L5105 L5210 L5280 L5341 L5530 L5580 L5600 L5614 L5642 L5646 L5651 L5679 L5701 L5707 L5724 L5781 L5811 L5818 L5828 L5848 L5930	L0700 L0830 L1200 L1680 L1700 L1755 L1832 L1844 L1850 L1950 L2005 L2034 L2060 L2116 L2134 L2525 L2999 L3031 L3204 L3216 L3222 L3649 L3740 L3766 L3905 L3967 L3976 L4000 L4350 L4396 L5050 L5150 L5220 L5301 L5400 L5535 L5585 L5610 L5616 L5643 L5647 L5653 L5681 L5702 L5716 L5726 L5782 L5812 L5822 L5830 L5856 L5950	L0710 L0859 L1300 L1685 L1710 L1810 L1834 L1845 L1860 L1951 L2010 L2036 L2106 L2126 L2136 L2526 L3000 L3201 L3206 L3217 L3230 L3671 L3763 L3900 L3960 L3971 L3977 L4010 L4360 L5000 L5060 L5160 L5230 L5321 L5420 L5540 L5590 L5611 L5639 L5644 L5648 L5661 L5682 L5705 L5718 L5728 L5790 L5814 L5824 L5840 L5857 L5960	L0810 L1000 L1310 L1686 L1720 L1812 L1840 L1846 L1932 L1970 L2020 L2037 L2108 L2128 L2350 L2627 L3010 L3202 L3207 L3219 L3251 L3720 L3764 L3901 L3961 L3973 L3978 L4020 L4392 L5010 L5100 L5200 L5250 L5331 L5460 L5560 L5595 L5613 L5640 L5645 L5649 L5673 L5700 L5706 L5722 L5780 L5795 L5816 L5826 L5845 L5858 L5961

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics/prosthetics – more than \$500 (cont'd.)	Orthotics and prosthetics codes listed with a retail purchase or a rental cost of more than \$500 – outpatient only	L5962 L5973 L5981 L5987 L6000 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6648 L6690 L6707 L6880 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L7261 L8035 L8043 L8047 L8610 V2623	L5964 L5976 L5982 L5988 L6010 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6686 L6692 L6708 L6881 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L7274 L8040 L8044 L8499 L8612 V2627	L5966 L5979 L5984 L5990 L6020 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6687 L6693 L6709 L6882 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L7405 L8041 L8045 L8500 L8631	L5968 L5980 L5986 L5999 L6025 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6689 L6704 L6715 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7260 L7499 L8042 L8046 L8609 L8659
Proton beam therapy		77520	77522	77523	77525
Rehabilitative services (physical, speech and occupational therapy)	15 minutes equals 1 unit. For unites (1 hour) equal 1 visit. Therapy will be reviewed & approved per Medical Necessity and using clinical guidelines for all determinations. For Florida Healthy Kids: 15 minutes equals 1 unit. Four units (1 hour) equal 1 visit. Total 24 visits (96 units)/6 months	92507 92523 97002 97012 97022 97034 97113 97530 S9152	92508 92524 97003 97014 97026 97039 97116 97799	92521 92526 97004 97016 97028 97110 97124 G0129	92522 97001 97010 97018 97033 97112 97140 S8990
Septoplasty/rhinoplasty	Treatment of nasal functional impairment and septal deviation	30400 30435	30410 30450	30420 30460	30430 30462
Sinuplasty		31295	31296	31297	
Sleep apnea procedures and surgeries	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	21685	41530	41599	42145

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Spinal stimulator for pain management	Spinal cord stimulators when implanted for pain management	63650	63655	63685	
Spinal surgery	Inpatient and outpatient spinal surgeries	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
		0092T	0095T	0098T	0164T
Tonsillectomy/adenoidectomy	<p>Prior authorization is required if performed in an outpatient hospital setting for members 5 years and older. Prior authorization is not required if performed at a participating ambulatory surgery center.</p> <p>Excludes procedures performed in Monroe County.</p>	42820	42821	42825	42826
		42830			
Upper gastrointestinal endoscopy	<p>Prior authorization is required if performed in an outpatient hospital setting for members 18 years and older. Prior authorization is not required if performed at a participating ambulatory surgery center.</p> <p>Excludes procedures performed in Monroe County.</p>	43235	43239	43249	
Vagus nerve stimulation	Implantation of a device that sends electrical impulses into one of the cranial nerves	61885	64568	L8680	L8682
		L8685	L8686	L8687	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	36468 37718	36475 37722	36478 37780	37700

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
Behavioral health services	Behavioral health services through a designated behavioral health network 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 identification (ID) card when referring for mental health and substance abuse/substance use services.
Chemotherapy		<p>Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting (including intravenous, intravesical and intrathecal) for a cancer diagnosis.</p> <p><u>Injectable Chemotherapy Drugs That Require a Prior Authorization</u></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) code will require prior authorization <p>To submit, please use the Cancer-Oncology Authorization Submission & Status to begin the process at http://www.uhcommunityplan.com</p>
Inpatient services		<ul style="list-style-type: none"> • Notification only: Routine Obstetrics (OB)/Deliveries • Elective Inpatient Admissions • Acute Inpatient Rehabilitation • Skilled Nursing Facility (SNF), transitional and sub-acute care

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
Inpatient services (cont'd)		<ul style="list-style-type: none"> OB and newborn confinements exceeding two day length of stay (LOS) for Vaginal and four day LOS for Cesarean. All Neonatal Intensive Care (NICU) admissions (including newborns, regardless of LOS)
Out-of-network services	Referral to a health care provider who is not contracted with UnitedHealthcare	All out-of-network services require prior authorization.
Radiology prior authorization	<p>Prior authorization required for participating physicians for certain CT, MRI, MRA, PET scan and nuclear medicine and cardiology procedures.</p> <p>Advanced imaging procedures that require prior authorization are called advanced outpatient imaging procedures.</p>	<p>Physicians ordering advanced outpatient imaging procedures are responsible for requesting prior authorization before scheduling the procedure by calling 866-889-8054.</p> <p>For more information about this prior authorization requirement, including a list of the CPT codes that require prior authorization, go to UHCCommunityPlan.com > <i>Radiology > CPT Code List</i>.</p>
Transplants		For transplant services, call OptumHealth at 800-418-4994 or the notification number on the back of the member's ID card.