# Prior authorization requirements for Preferred Care Network and Preferred Care Partners of Florida

Effective January 1, 2025

## **General information**

This list contains prior authorization requirements for participating Preferred Care Network and Preferred Care Partners of Florida health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

Online: Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to
 UHCprovider.com and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the
 Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit
 UHCprovider.com/access.

#### Phone:

Preferred Care Network: Call 866-273-9444Preferred Care Partners: Call 800-995-0480

Prior authorization is not required for emergency or urgent care.

Plans with referral requirements: If a member's health plan ID card says, <u>Referral Required</u>, certain services may require a referral from the member's primary care provider **and** prior authorization obtained by the treating physician. You can find more information about the referral process in the **2024 UnitedHealthcare Care Provider Administrative Guide** for commercial and Medicare Advantage plans including UnitedHealthcare West fee-for-service. The plans listed in the following table require prior authorization for in-network services.

#### Plans included

### **Preferred Care Network:**

- MedicareMax (HMO) Groups: 77700, 77701, 98151, 98152
- MedicareMax Chronic (HMO C-SNP) Groups: 77707, 90215
- MedicareMax Plus (HMO D-SNP) Groups: 77702, 77703, 77704, 98153, 98154, 98155

#### **Preferred Care Partners:**

- Preferred Choice Broward (HMO) Groups 78601, 99791
- Preferred Choice Dade (HMO) Groups 78600, 99790
- Preferred Choice Palm Beach (HMO) Groups 78606, 99797
- Preferred Medicare Assist Plan (HMO D-SNP) Groups 78602, 78603, 78609, 99792, 99793, 99796
- Preferred Medicare Assist Palm Beach (HMO D-SNP) Groups 78607, 78608, 78610, 99798, 99799, 99800
- Preferred Special Care Miami-Dade (HMO C-SNP) Groups 78605, 99795

#### WellMed plans — How to obtain prior authorization

Prior authorization requests for the following groups can be submitted on the WellMed provider portal at eprg.wellmed.net or by calling 877-299-7213, 8 a.m.–5 p.m., ET, Monday–Friday.

- Preferred Care Network: MedicareMax (HMO) Groups: 98151, 98152
- MedicareMax Chronic (HMO C-SNP) Groups: 90215
- MedicareMax Plus (HMO D-SNP) Groups: 98153, 98154, 98155

### **Preferred Care Partners:**

- Preferred Choice Broward (HMO) Group 99791
- Preferred Choice Dade (HMO) Group 99790
- Preferred Choice Palm Beach (HMO) Group 99797
   Preferred Medicare Assist Plan 1 (HMO D-SNP) Groups: 99792, 99793, 99796
- Preferred Medicare Assist Plan 2 (HMO D-SNP) Groups: 90030, 90061







- Preferred Medicare Assist Palm Beach (HMO SNP) Group 99798, 99799, 99800
- Preferred Special Care Miami-Dade (HMO C-SNP) Group 99795

Procedures and services	Additional information		CS codes and/on prior authorized		
Behavioral health services	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific con number on the health and sul	odes requiring pr e member's heal bstance abuse/s	ior authorization th plan ID card to ubstance service	refer for mental
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
Breast reconstruction – Non-mastectomy Reconstruction of the	Prior authorization required	19316	19318	19325	L8600
breast except when following mastectomy		following diag C50.019	r prior authoriza nosis codes: C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.112	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.513
		C50.512	C50.519	C50.419	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10 Z42.1	Z90.11	Z90.12	Z90.13
Cancer supportive care	Prior authorization required for colony-stimulating factor	Anti-emetics	that require pri	or authorization	<u>n:</u>
	drugs and bone-modifying agent(s) administered in an	Akynzeo <sup>™</sup> (p	alonosetron/fos	snetupitant)	
	outpatient setting for a cancer	J1454			
	diagnosis *Codes J1442, J1447,	Cinvanti <sup>®</sup> (ap	orepitant)		
	Q5108, Q5110, Q5111, and	J0185			
	Q5122 also require prior	Emend® (fos	aprepitant)		
	authorization for non- oncology Dx. See injectable	J1453	-	-	-
	medications section.		nisetron extend	ed release)	
		J1627			
			nny-stimulating	factor drugs th	at require prior
		authorization:		iactor urugs tri	at require prior
		Filgrastim (Ne	eupogen®)		
		J1442*			







Procedures and services	Additional information		CPCS codes a			
Cancer supportive care			afi (Nivestym			
(cont.)		Q5110*	,	,		
			andz (Zarxio®)			
		Q5101	(			
			m (Neulasta®)			
		J2506	iii (ivediasta )			
			m and (Nave	nrio®)		
		Q5122*	m-apgf (Nyve	:pria*)		
		Pegfilgrasti Q5111*	m-cbqv (Udei	nyca®)		
		Pegfilgrasti	m-jmdb (Fulp	hila®)		
		Q5108*		·		
		Sargramost J2820	im (Leukine®)			
		Tbo-filgrast	im (Granix®)			
		J1447*				
		Trilaciclib (	Cosela™)			
		J1448				
			ying agent th		prior author	<u>orization:</u>
		Denosumab (Prolia®, Xgeva®)				
		J0897	1			
		Antiemetic drugs				
		J1456	aulatina faata			
		J1449	nulating facto	<u>ors</u>		
			ala atimulati	na aaanta		
			esis-stimulati	ng agents		
		J0885	.41		:4 =======	aliaa b
		using the P UnitedHeal UHCprovidence	uthorization, plantion Authorization Authorization the	ion and No er Portal. To n, select the	tification tool get started, Prior Author	on the go to rization
		888-397-81	29.			
Cardiology services	Prior authorization no longer required					
Cardiovascular	Prior authorization is required			Cardiolog	ду	
		93653	93656			
				Vascula	r	
		37220*	37221*		37224*	37225*
		37226*	37227*		37228*	37229*
		37230* *Prior author	37231* ization is not r		the following	
		diagnosis co				
				E40.E0	E11.52	
		E08.52	E09.52	E10.52	E11.52	
		E08.52 E13.52	E09.52 I70.221	170.222	170.223	
		E13.52	170.221	170.222	170.223	







Procedures and services	Additional information	CPT® or HO	CPCS codes	and/or	
			ain prior au		
Cardiovascular		170.244	170.245	170.248	170.249
cont.)		170.25	170.261	170.262	170.263
		170.268	170.269	170.321	170.322
		170.323	170.329	170.331	170.332
		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.421	170.422	170.423
		170.428	170.429	170.431	170.432
		170.433	170.434	170.435	170.438
		170.439	170.441	170.442	170.443
		170.444	170.445	170.448	170.449
		170.461	170.462	170.463	170.468
		170.469	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.621	170.622	170.623
		170.628	170.629	170.631	170.632
		170.633	170.634	170.635	170.638
		170.639	170.641	170.642	170.643
		170.644	170.645	170.648	170.649
		170.661	170.662	170.663	170.668
		170.669	170.721	170.722	170.723
		170.728	170.729	170.731	170.732
		170.733	170.734	170.735	170.738
		170.739	170.741	170.742	170.743
		170.733	170.741	170.742	170.749
		170.761	170.743	170.743	170.743
		170.769	170.702	170.763	170.766
		172.9	177.2	177.70	177.72
		172.3	177.79	174.3	174.4
		174.5	174.8	174.9	175.021
		174.3	175.023	174.9	175.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271







Procedures and services	Additional information		CPCS codes ain prior aut			
Cardiovascular		M86.272	M86.279	M86.28	M86.29	
cont.)		M86.30	M86.351	M86.352	M86.359	
		M86.361	M86.362	M86.369	M86.371	
		M86.372	M86.379	M86.38	M86.39	
		M86.40	M86.451	M86.452	M86.459	
		M86.461	M86.462	M86.469	M86.471	
		M86.472	M86.479	M86.48	M86.49	
		M86.50	M86.551	M86.552	M86.559	
		M86.561	M86.562	M86.571	M86.572	
		M86.579	M86.58	M86.59	M86.60	
		M86.651	M86.652	M86.659	M86.661	
		M86.662	M86.669	M86.671	M86.672	
		M86.679	M86.68	M86.69	M86.8X0	
		M86.8X5	M86.8X6	M86.8X7	M86.8X8	
		M86.8X9	M86.9	196	L03.115	
		L03.116	Q27.30	Q27.32	Q27.39	
		Q27.8	Q27.9	Q87.2	S35.511A	
		S35.512A	T82.312A	T82.318A	T82.319A	
		T82.338A	T82.392A	T82.398A	T82.399A	
		T82.898A	173.00	173.01	173.1	
		I73.81				
Cartilage implants	Prior authorization required	27415	27416			
Chemotherapy services	Notification required for injectable chemotherapy drugs administered in an outpatient setting, including	<ul> <li>Injectable chemotherapy drugs that require notification:</li> <li>Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642)</li> <li>Chemotherapy injectable drugs that have a Q code</li> </ul>				
	intravenous, intravesical and intrathecal for a cancer diagnosis	<ul> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code</li> </ul>				
		For prior au				nline by using the nitedHealthcare
		select the P	rior Authoriza	tarted, go to ation and No call <b>888-397</b>	tification tab	er.com. Then, on your
Cochlear implants and	Prior authorization required	69714	69930		8614	L8619
other auditory implants A medical device, including those with a surgically implanted portion, within the inner ear and with an external portion to help persons with profound sensorineural deafness to		L8690	L8691		8692	
Cosmetic and	Prior authorization required	11960	11971	15	820	15821
reconstructive procedures (cont.)	Advance notification is	15822	15823	15	830	15847
p	required for inpatient or	15877	15878	15	879	17106
achieve conversational	outpatient services.	17107	17108	17	999	21172
speech		21175	21179	21	180	21181
Cosmetic procedures that		21182	21183		184	21230
change or improve physical						







Procedures and services	Additional information		PCS codes and/ in prior authoriz		
appearance, without		21235	21248	21249	21255
significantly improving or		21256	21260	21261	21263
restoring physiological function		21267	21268	21275	21299
Danasatu satissa muanadi suna		21740	21742	21743	28344
Reconstructive procedures that treat a medical		30540	30545	30560	30620
condition or improve or		31295	31296	31297	31298
restore physiologic function		31299	67900	67901	67902
		67903	67904	67906	67908
		67909	67912	67950	67961
		67966	Q2026		
End-stage renal disease/dialysis services Services for the treatment of end-stage renal disease (ESRD) require advance notification, which includes outpatient dialysis services.	shares, even when they may have out-of-network benefits.  Advance notification isn't required for ESRD when a Medicare member travels outside of the service area.  Note: Your agreement with us may include restrictions on referring members outside of the UnitedHealthcare	To enroll or re Service, pleas 866-561-7518		nember to the Ki	dney Resource
Gender dysphoria treatment	network. Prior authorization required		or prior authorized diagnosis code 55980		ed for the followin
			tted with a diag		ed for the following 0, F64.1, F64.2,
		14000	14001	14041	15734
		15738	15750	15757	15758

14000	14001	14041	15734
15738	15750	15757	15758
15775	15776	15780	15781
15782	15783	15788	15789
15792	15793	19303	21899
31599	31899	53410	53420
53425	53430	54125	54400
54401	54405	54408	54520
54660	54690	55175	55180
55866	56625	56800	56805







Cender dysphoria treatment (cont.)   5729c   58661   58720   58940   64856   64892   64896   92507   92508	Procedures and services	Additional information		S codes and/or	ion		
Treatment (cont.)	Gender dysphoria					57202	
Home health care services   All requests for home health care services should be directed to a health plan contracted members health gardies in Alabama and Georgia.   All requests for home health services should be directed to a health plan contracted members health gardies in Alabama and Georgia.   All requests for home health gardies in Alabama and Georgia.   Prior authorization required flaparoscopic surgeries)							
Nome health care services   Ser							
All requests for home health services should be directed to Prior authorization is only required for members (abdominal and Georgia.   All requests for home health services should be directed to residing in and receiving services in Alabama and Georgia.   Prior authorization required (abdominal and laparoscopic surgeries) - Inpatient and outpatient procedures   Prior authorization required (abdominal and not patient only   Prior authorization required (abdominal and hysterectomy (vaginal) - Inpatient only   Prior authorization required (abdominal and hysterectomies.   Prior authorization required (below the member's health plan ID card.   S8542							
Prior authorization is only required for members residing in and receiving services in Alabama and Georgia.						92306	
Section   Sect	Prior authorization is only required for members residing in and receiving services in Alabama and	a health plan contracted vendor. For more information, please call the number on the	*Applies to Alabama only.				
Separation   Sep		Prior authorization required	58150	58152	58180	58541	
Injectation and outpatient procedures   58552   58573   58574   58572   58573   58574   58572   58573   58574   58575   58573   58574   58575   58573   58574   58575   58573   58574   58575   58573   58574   58575   58573   58574   58575   58573   58574   58575   5857							
Hysterectomy (vaginal) - Inpatient only   No prior is authorization required for outpatient vaginal hysterectomies.   58260   58290   58291   58292   58294   58294	Inpatient and outpatient					58570	
Impatient only	•	N · · · · · · · ·					
hysterectomies. 582/0 58291 58292  Injectable medications  Prior authorization required* Adakveo J0791 Aduhelm J0172 Adzynma J7171 Amvuttra J0225 Ashthma** J2786 J2182 Botulinim toxins J0585 J0586 J0587 J0588 J0589 Bone density agents** J3111 J0897 Briumvi J2329 Colony-stimulating factors** J1442 J1447 J1449 Q5108 Q5110 Q5120 Q5122 Q5125 Q5127 Q5130 Cosentyx IV J3247 Crysvita J0584 Elevidys J1413							
Prior authorization required*   Adakveo   J0791   Aduhelm   J0172   Adzynma   J7171   Amvuttra   J0225   Ashthma**   J2786   J2182   Botulinim toxins   J0585   J0586   J0587   J0588   J0589   Bone density agents**   J3111   J0897   Briumvi   J2329   Colony-stimulating factors**   J1442   J1447   J1449   Q5108   Q5127   Q5120   Q5122   Q5125   Q5127   Q5130   Cosentyx IV   J3247   Crysvita   J0584   Elevidys   J1413   Service   Ser	,			58290	58291	58292	
J0791 Aduhelm J0172 Adzynma J7171 Amvuttra J0225 Ashthma** J2786 J0585 J0586 J0587 J0588 J0588 J0588 Bone density agents** J3111 J0897 Briumvi J2329 Colony-stimulating factors** J1442 J1447 J1449 Q5100 Q5120 Q5127 Q5130 Cosentyx IV J3247 Crysvita J0584 Elevidys J1413		Prior authorization required*					
Aduhelm J0172 Adzynma J7171 Amvuttra J0225 Ashthma** J2786 J0585 J0585 J0585 J0589 Bone density agents** J3111 J0897 Briumvi J2329 Colony-stimulating factors** J1442 J1447 J1449 Q5108 Q5110 Q5120 Q5127 Q5127 Q5130 Cosentyx IV J3247 Crysvita J0584 Elevidys J1413	Injectable medications	Prior authorization required					
Adzynma J7171 Amvuttra J0225 Ashthma** J2786 J0585 J0585 J0585 J0589 Bone density agents** J3111 J0897 Briumvi J2329 Colony-stimulating factors** J1442 J1447 J1449 Q5108 Q5110 Q5120 Q5122 Q5125 Q5127 Cosentyx IV J3247 Crysvita J0584 Elevidys J1413							
Adzynma J7171  Amvuttra J0225  Ashthma** J2786 J2182  Botulinim toxins J0585 J0589 Bone density agents** J3111 J0897  Briumvi J2329  Colony-stimulating factors** J1442 J1447 J1449 Q5108 Q5110 Q5120 Q5127 Q5130 Cosentyx IV J3247  Crysvita J0584 Elevidys J1413							
### State							
J0225			-				
J0225  Ashthma** J2786 J2182  Botulinim toxins  J0585 J0586 J0587 J0588  J0589  Bone density agents** J3111 J0897  Briumvi J2329  Colony-stimulating factors** J1442 J1447 J1449 Q5108 Q5110 Q5120 Q5122 Q5125 Q5127 Q5130 Cosentyx IV J3247  Crysvita J0584 Elevidys J1413			Amvuttra				
J2786   J2182			J0225				
Botulinim toxins			Ashthma**				
J0585 J0586 J0587 J0588 J0589  Bone density agents**  J3111 J0897  Briumvi  J2329  Colony-stimulating factors**  J1442 J1447 J1449 Q5108 Q5110 Q5120 Q5122 Q5125 Q5127 Q5130  Cosentyx IV J3247  Crysvita J0584  Elevidys J1413			J2786		J2182		
Bone density agents**  J3111 J0897  Briumvi  J2329  Colony-stimulating factors**  J1442 J1447 J1449 Q5108  Q5110 Q5120 Q5122 Q5125  Q5127 Q5130  Cosentyx IV  J3247  Crysvita  J0584  Elevidys  J1413			Botulinim toxii	ns			
Bone density agents**  J3111 J0897  Briumvi  J2329  Colony-stimulating factors**  J1442 J1447 J1449 Q5108  Q5110 Q5120 Q5122 Q5125  Q5127 Q5130  Cosentyx IV  J3247  Crysvita  J0584  Elevidys  J1413			J0585	J0586	J0587	J0588	
Briumvi  J2329  Colony-stimulating factors**  J1442  J1447  J1449  Q5108  Q5110  Q5120  Q5122  Q5127  Q5130  Cosentyx IV  J3247  Crysvita  J0584  Elevidys  J1413			J0589				
Briumvi  J2329  Colony-stimulating factors**  J1442  J1447  J1449  Q5108  Q5110  Q5120  Q5122  Q5127  Q5130  Cosentyx IV  J3247  Crysvita  J0584  Elevidys  J1413			Bone density a	agents**			
J2329   Colony-stimulating factors**   J1442   J1447   J1449   Q5108   Q5110   Q5120   Q5122   Q5125   Q5127   Q5130   Cosentyx IV   J3247   Crysvita   J0584   Elevidys   J1413   Section   Elevidys   J1413			J3111	J0897			
Colony-stimulating factors**  J1442 J1447 J1449 Q5108 Q5110 Q5120 Q5122 Q5125 Q5127 Q5130  Cosentyx IV  J3247  Crysvita J0584  Elevidys J1413							
J1442 J1447 J1449 Q5108 Q5110 Q5120 Q5122 Q5125 Q5127 Q5130 Cosentyx IV J3247 Crysvita J0584 Elevidys J1413							
Q5110 Q5120 Q5122 Q5125 Q5127 Q5130 Cosentyx IV J3247 Crysvita J0584 Elevidys J1413			•	_	14.440	05400	
Q5127 Q5130  Cosentyx IV  J3247  Crysvita  J0584  Elevidys  J1413							
Cosentyx IV J3247  Crysvita J0584  Elevidys J1413					Q5122	Q5125	
J3247  Crysvita  J0584  Elevidys  J1413				Q3130			
Crysvita J0584 Elevidys J1413							
J0584  Elevidys  J1413							
Elevidys J1413			-				
J1413							
			-				
			Enjaymo				







Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications		J1302
(cont.)		Entyvio

J3380 Evkeeza J1305 Givlaari J0223 Hemgenix J1411

Hyaluronic acid polymers\*\*

J7320	J7321	J7322	J7323
J7324	J7326	J7327	J7329
17331	17332		

Immune globulins (IVIG, SCIG)\*\*

J1599

90283	90284	J1459	J1551
J1554	J1555	J1556	J1557
J1558	J1559	J1561	J1566
J1568	J1569	J1572	J1575
J1576	.11599		

Infliximab\*\* J1745

Intravenous iron products\*\*

J1437 J1439

Izervay J2782

Jubbonti Wyost

Q5136 Kisunla J0175

Krystexxa\*\*

J2507

Leqembi

J0174

Leqvio\*\*

J1306

Luxturna

J3398

**Qalsody** 

J1304

**Ocrevus** 

J2350

Omvoh

J2267

Onpattro

J0222







Procedures and services Additional information		CS codes and/		
Injectable medications		prior authoriz	ation	
Injectable medications (cont.)	Orencia			
,	J0129			
	Oxlumo			
	J0224			
	Radicava			
	J1301			
	Reblozyl			
	J0896			
	Rituximab** J9311	J9312	Q5123	
	Roctavian J1412			
	Ryplazim			
	J2998			
	Rystiggo			
	J9333			
	Saphnelo**			
	J0491			
	Skyrizi			
	J2327			
	Soliris			
	J1300			
	Spevigo			
	J1747			
	Spinraza			
	J2326			
	Syfovre			
	J2781			
	Tepezza			
	J3241			
	Tezspire			
	J2356			
	Therapeutic r	adiopharmace	uticals	
	A9513	A9590	A9606	A9607
	A9699			
	Tocilizumab*	*		
	J3262			
	Tzield			
	J9381			
	Unclassified a J3490	and temporary J3590	<b>codes</b> * C9172	C9399
	Uplizna			
	J1823			
	Vabysmo			
	J2777			







Procedures and services	Additional information		CS codes and prior authorized			
		Vascular endothelial growth factor (VEGF) inhibitors**				
		J0177	J0178	J0179	J2777	
		J2778	J2779	Q5124	Q5128	
			02.70	Q0.2.	Q0120	
		Vyepti**				
		J3032				
		Vyjuvek				
		J3401				
		Vyvgart				
		J9332				
		Vyvgart Hytr	ulo			
		J9334				
		Zolgensma				
		J3399				
		Zymfentra				
		J1748				
		To submit a p	rior authorizati	on, use the Prio	r Authorization	
		at uhcprovide Authorization submission" s dropdown me	r.com. After yo link. From the section, select nu. Or, you ca	ou sign in, select "Create a new a Specialty Pharn n call 888-397-81	uthorization nacy from the 129	
				vblu, PiaSky, Yim		
	Ni ee e	**Drug is also	included in the	Part B Step Ther	apy Program	
npatient addmissions npatient admissions:	Notification required Prior authorization and	novil loolth me	anagaa nriar aud	harizatian far in 1	scope membershi	
Acute inpatient rehabilitation (AIR)/ ong-term acute care (LTAC)/skilled nursing acility (SNF)	notification of admission date required for these facilities providing post-acute inpatient services:  • Acute care hospitals  • Acute inpatient rehabilitation  • Critical access hospitals  • Long-term acute care hospitals  • Skilled nursing facilities  Note: These plans are excluded from the skilled nursing facility prior authorization requirement:  • UnitedHealthcare Assisted Living Plans (HMO-SNP), (HMO-POS SNP), (PPO-SNP)  • UnitedHealthcare Nursing Home plan	Phone: 855-8 Fax: 844-244	851-1127			
Non-emergency air ransport	Prior authorization required	A0430	A0431	A0435	A0436	
Non-urgent ambulance ransportation by air						
ransportation by air petween specified location	Prior authorization required	21120	21121	21122	21123	
ransportation by air	Prior authorization required	21120	21121	21122	21123	
ransportation by air petween specified location Orthognathic surgery	Prior authorization required	21125	21127	21141	21142	
ransportation by air petween specified location orthognathic surgery reatment of maxillofacial/	Prior authorization required	_				







Now to obtain prior authorization   21196   21198   21196   21198   21196   21198   21196   21198   21199   21206   21210   21215   21240   21245   21240   21245   21246   21247   21245   21246   21247   21245   21246   21247   21246   21247   21246   21247   21246   21247   21246   21247   21246   21247   2200   22101   22102   22110   2	Procedures and services	Additional information	CPT® or HC	PCS codes and/	or	
Prior authorization required   21169   21180   21181   21193   21196   21197   21196   21197   21196   21197   21196   21197   21196   21197   21196   21197   21196   21197   21196   21197	1 locedules and services	Additional information				
Prior authorization required   21199						21193
Orthopedic - spine and joint surgeries         Prior authorization required joint surgeries         21240         21241         21200         22101         22102         22110 joint surgeries         22100         22101         22102         22207         22211         22114         22206         22207         22212         22214         22200         222533         22553         22556         22551         22554         22556         22556         22558         22590         22595         22600         22600         22600         22802         22804         22808         22803         22812         22818         22819         22852         22856         22860         22866         22861         22866         22861         22866         22861         22866         22861         22867         22866         22861         22867         22866         22861         2			21194	21195	21196	21198
Orthopedic – spine and joint surgeries         Prior authorization required joint surgeries         22100 22101 22102 22114 22206 22207 22210 22214 22206 22207 22210 22214 22200 22210 22214 22200 22200 22210 22214 22532 22533 22558 22558 22558 22558 22558 22558 22559 22566 22600 22610 22612 22630 22633 22630 22633 22600 22600 22610 22612 22630 22633 22600 22600 22600 22600 22600 22602 22604 22608 22600 22600 22602 22604 22608 22600 22600 22602 22604 22608 22600 22600 22602 22604 22608 22600 22600 22602 22604 22608 22600 22600 22602 22604 22608 22600 22600 22602 22604 22608 22600 22600 22600 22602 22604 22608 22600 22600 22602 22604 22600 22602 22600 22604 22600 22602 226000 226000 22600 22600 22600 22600 22600 22600 22600 22600 22600 22600 22600 22600 22600 2			21199	21206	21210	21215
Orthopedic – spine and joint surgeries         Prior authorization required 22110         22101         22102         22110         22102         22110         22102         22206         22207         22206         22207         22210         22112         22114         22206         22202         22222         22224         22532         22533         22533         22536         22556         22556         22556         22556         22556         22556         22556         22556         22556         22600         22602         22590         22590         22630         22603         22603         22603         22603         22603         22603         22603         22600         22802         22804         22808         22810         22812         22818         22819         22852         22856         22861         22867         22852         22856         22861         22867         22866         22861         22867         22856         22861         22867         22856         22861         22867         22856         22861         22867         22856         22861         22847         22436         25441         25442         25444         25442         25444         25446         25449         27102         27132         27134<			21240	21242	21244	21245
Dint surgeries   22112   22114   22206   22207   22210   22212   22214   22208   22208   22208   22222   22224   22532   22533   22548   22551   22554   22556   22558   22590   22595   22600   22610   22612   22630   22633   22800   22800   22802   22804   22808   22810   22812   22818   22819   22810   22812   22818   22819   22855   22856   22867   22855   22856   22867   22855   22856   22861   22867   22869   22899   23470   23472   24360   24361   24362   24363   24365   25441   25442   25444   25446   25446   25446   25449   27120   27122   27137   27138   27137   27138   27132   27134   27137   27138   27412   27445   27446   27447   27486   27487   27700   29834   29837   29838   29846   29847   29866   29867   29868   29847   29866   29867   29868   29847   29866   29867   29868   29847   29866   29867   29868   29847   29866   29867   29868   29847   29866   29867   29868   29847   29866   29867   29868   29847   29866   29867   29868   29847   29866   29867   29668   29847   29866   29867   29668   29847   29866   29867   29668   29847   29866   29867   29668   29847   29866   29867   29668   29847   29666   29667   29668   29647   296			21246	21247		
22210 22212 22214 2220 2220 22212 22214 2220 2220		Prior authorization required	22100	22101	22102	22110
22222       22224       22532       22533         22548       22551       22564       22566         22558       22590       22595       22600         22610       22612       22630       2633         22800       22802       22804       22808         22810       22812       22818       22819         22830       22849       22850       22852         22865       22861       22867       22866         22869       22899       23470       23472         24360       24361       24362       24363         24365       25441       25442       25444         25446       25449       27120       27122         27125       27130       27132       27134         27137       27138       27412       27445         27446       27447       27486       27487         27700       29834       29837       29838         29847       29866       29867       29868         29891       29992       29994       29994         29915       29916       63001       63001       63001       63001       63004	joint surgeries		22112	22114	22206	22207
22548       22551       22554       22566         22558       22590       22595       22600         22610       22612       22630       22633         22800       22802       22804       22808         22810       22812       22818       22819         22830       22849       22850       22852         22855       22866       22861       22867         22869       22899       23470       23472         24360       24361       24362       24363         24365       25441       25442       25444         25446       25449       27120       27122         27125       27130       27132       27134         27137       27138       27412       27445         27446       27447       27486       27487         27700       29834       29837       29838         29840       29844       29845       29846         29891       29894       29895         29897       29898       29899       29914         29915       29916       63001       63001         63040       63042       63045       63046     <			22210	22212	22214	22220
22558       22590       22595       22600         22610       22612       22630       22633         22800       22802       22804       22808         22810       22812       22818       22819         22830       22849       22850       22852         22869       22899       23470       23472         24360       24361       24362       24363         24365       25441       25442       25444         25446       25449       27120       27122         27125       27130       27132       27134         27137       27138       27412       27445         27446       27447       27486       27487         27700       29834       29837       29846         29840       29844       29845       29868         29891       29892       29894       29895         29897       29898       29899       29914         29915       29916       63001       63001         63006       63011       63012       63015         63040       63042       63045       63046         63047       63050       63051			22222	22224	22532	22533
22610       22612       22630       22633         22800       22802       22804       22808         22810       22812       22818       22819         22830       22849       22850       22852         22865       22861       22867       22869       22899       23470       23472         24360       24361       24362       24363       24365       25441       25442       25444         25446       25449       27120       27122       27132       27134       27137       27138       27412       27445         27446       27447       27486       27487       27700       29834       29837       29838         29840       29844       29845       29868       29864       29866       29867       29868         29891       29892       29894       29895       29894       29895       29916       63001       63003       63005       63011       63012       63015       63046       63046       63046       63046       63046       63046       63046       63055       63066       63064       63075       63077       63081       63085       63087       63090       63170       63172			22548	22551	22554	22556
22800       22802       22804       22808         22810       22812       22818       22819         22830       22849       22850       22852         22855       22866       22861       22867         22869       22899       23470       23472         24360       24361       24362       24363         24365       25441       25442       25444         25446       25449       27120       27122         27125       27130       27132       27134         27137       27138       27412       27445         27406       27847       2786       27487         27700       29834       29837       29838         29840       29844       29845       2986         29847       29866       29867       29868         29891       29891       29894       29895         29897       29898       29899       29914         29915       29916       63011       63012       63015         63040       63042       63045       63046         63040       63042       63045       63046         63056       63064       <			22558	22590	22595	22600
22810       22812       22818       22819         22830       22849       22850       22852         22865       22866       22861       22867         22869       22899       23470       23472         24360       24361       24362       24363         24365       25441       25442       25444         25446       25449       27120       27122         27125       27130       27132       27134         27137       27138       27412       27445         27406       27447       27486       27487         27700       29834       29837       29838         29840       29844       29845       29868         29847       29866       29867       29868         29891       29892       29894       29895         29815       29916       63001       63003         63016       63017       63020       63030         63040       63042       63045       63046         63047       63050       63061       63055         63081       63085       63087       63090         63101       63102       63170			22610	22612	22630	22633
22830       22849       22850       22852         22855       22866       22861       22867         22869       22899       23470       23472         24360       24361       24362       24363         24365       25441       25442       25444         25446       25449       27120       27122         27125       27130       27132       27134         27137       27138       27412       27445         27406       27447       27486       27487         27700       29834       29837       29838         29840       29844       29845       29868         29847       29866       29867       29868         29891       29892       29894       29895         29915       29916       63001       63003         63006       63017       63020       63030         63040       63042       63045       63046         63047       63050       63051       63055         63056       63064       63075       63077         63081       63085       63087       63090         63173       63102       63170			22800	22802	22804	22808
22855       22856       22861       22867         22869       22899       23470       23472         24360       24361       24362       24363         24365       25441       25442       25444         25446       25449       27120       27122         27125       27130       27132       27134         27137       27138       27412       27445         27446       27447       27486       27487         27700       29834       29837       29838         29840       29844       29845       29846         29847       29866       29867       29868         29891       29892       29894       29895         29815       29916       63001       63003         63005       63011       63012       63015         63040       63042       63045       63046         63047       63050       63051       63055         63081       63085       63087       63090         63101       63102       63170       63172         63173       63185       63190       63191         63197       63191       63191     <			22810	22812	22818	22819
22869       22899       23470       23472         24360       24361       24362       24363         24365       25441       25442       25444         25446       25449       27120       27122         27125       27130       27132       27134         27137       27138       27412       27445         27466       27447       27486       27487         27700       29834       29837       29838         29840       29844       29845       29866         29847       29866       29867       29868         29891       29892       29894       29895         29897       29898       29899       29914         29915       29916       63001       63003         63005       63011       63012       63015         63040       63042       63045       63045         63047       63050       63051       63055         63056       63064       63075       63007         63081       63085       63087       63090         63101       63102       63170       63172         63173       63185       63190			22830	22849	22850	22852
24360       24361       24362       24363         24365       25441       25442       25444         25446       25449       27120       27122         27125       27130       27132       27134         27137       27138       27412       27445         27446       27447       27486       27487         27700       29834       29837       29838         29840       29844       29845       29846         29891       29892       29894       29895         29897       29898       29899       29914         29915       29916       63001       63003         63016       63017       63020       63030         63040       63042       63045       63046         63047       63050       63051       63055         63086       63064       63075       63077         63081       63085       63087       63090         63101       63102       63170       63172         63173       63185       63190       63191         63197       63200       0200T       0201T			22855	22856	22861	22867
24365       25441       25442       25444         25446       25449       27120       27122         27125       27130       27132       27134         27137       27138       27412       27445         27446       27447       27486       27487         27700       29834       29837       29838         29840       29844       29845       29846         29847       29866       29867       29868         29891       29892       29894       29895         29897       29898       29899       29914         29915       29916       63001       63003         63016       63017       63020       63030         63040       63042       63045       63046         63047       63050       63051       63055         63056       63064       63075       63077         63081       63085       63087       63090         63101       63102       63170       63172         63173       63185       63190       63191         63197       63200       0200T       0201T			22869	22899	23470	23472
25446       25449       27120       27122         27125       27130       27132       27134         27137       27138       27412       27445         27446       27447       27486       27487         27700       29834       29837       29838         29840       29844       29845       29846         29847       29866       29867       29868         29891       29892       29894       29895         29915       29916       63001       63003         63005       63011       63012       63015         63040       63042       63045       63046         63047       63050       63051       63055         63056       63064       63075       63077         63081       63085       63087       63090         63101       63102       63170       63172         63173       63185       63190       63191         63197       63200       0200T       0201T			24360	24361	24362	24363
27125       27130       27132       27134         27137       27138       27412       27445         27446       27447       27486       27487         27700       29834       29837       29838         29840       29844       29845       29846         29847       29866       29867       29868         29891       29892       29894       29895         29897       29898       29899       29914         29915       29916       63001       63003         63016       63017       63020       63030         63040       63042       63045       63046         63047       63050       63051       63055         63081       63085       63087       63090         63101       63102       63170       63172         63173       63185       63190       63191         63197       63200       0200T       0201T			24365	25441	25442	25444
27137       27138       27412       27445         27446       27447       27486       27487         27700       29834       29837       29838         29840       29844       29845       29846         29847       29866       29867       29868         29891       29892       29894       29895         29897       29898       29899       29914         29915       29916       63001       63003         63005       63011       63012       63015         63016       63017       63020       63030         63040       63042       63045       63046         63047       63050       63051       63055         63056       63064       63075       63077         63081       63085       63087       63090         63101       63102       63170       63172         63173       63185       63190       63191         63197       63200       0200T       0201T			25446	25449	27120	27122
27446       27447       27486       27487         27700       29834       29837       29838         29840       29844       29845       29846         29847       29866       29867       29868         29891       29892       29894       29895         29897       29898       29899       29914         29915       29916       63001       63003         63005       63011       63012       63015         63016       63017       63020       63030         63040       63042       63045       63046         63047       63050       63051       63055         63056       63064       63075       63077         63081       63085       63087       63090         63101       63102       63170       63172         63173       63185       63190       63191         63197       63200       0200T       0201T			27125	27130	27132	27134
27700       29834       29837       29838         29840       29844       29845       29846         29847       29866       29867       29868         29891       29892       29894       29895         29897       29898       29899       29914         29915       29916       63001       63003         63005       63011       63012       63015         63046       63047       63020       63030         63040       63042       63045       63046         63047       63050       63051       63055         63081       63085       63087       63090         63101       63102       63170       63172         63173       63185       63190       63191         63197       63200       0200T       0201T			27137	27138	27412	27445
29840       29844       29845       29866         29847       29866       29867       29868         29891       29892       29894       29895         29897       29898       29899       29914         29915       29916       63001       63003         63005       63011       63012       63015         63016       63017       63020       63030         63040       63042       63045       63046         63047       63050       63051       63055         63056       63064       63075       63077         63081       63085       63087       63090         63101       63102       63170       63172         63173       63185       63190       63191         63197       63200       0200T       0201T			27446	27447	27486	27487
29847       29866       29867       29868         29891       29892       29894       29895         29897       29898       29899       29914         29915       29916       63001       63003         63005       63011       63012       63015         63016       63017       63020       63030         63040       63042       63045       63046         63047       63050       63051       63055         63056       63064       63075       63077         63081       63085       63087       63090         63101       63102       63170       63172         63173       63185       63190       63191         63197       63200       0200T       0201T			27700	29834	29837	29838
29891       29892       29894       29895         29897       29898       29899       29914         29915       29916       63001       63003         63005       63011       63012       63015         63016       63017       63020       63030         63040       63042       63045       63046         63047       63050       63051       63055         63056       63064       63075       63077         63081       63085       63087       63090         63101       63102       63170       63172         63173       63185       63190       63191         63197       63200       0200T       0201T			29840	29844	29845	29846
29897       29898       29899       29914         29915       29916       63001       63003         63005       63011       63012       63015         63016       63017       63020       63030         63040       63042       63045       63046         63047       63050       63051       63055         63056       63064       63075       63077         63081       63085       63087       63090         63101       63102       63170       63172         63173       63185       63190       63191         63197       63200       0200T       0201T			29847	29866	29867	29868
29915       29916       63001       63003         63005       63011       63012       63015         63016       63017       63020       63030         63040       63042       63045       63046         63047       63050       63051       63055         63056       63064       63075       63077         63081       63085       63087       63090         63101       63102       63170       63172         63173       63185       63190       63191         63197       63200       0200T       0201T			29891	29892	29894	29895
63005 63011 63012 63015 63016 63017 63020 63030 63040 63042 63045 63046 63047 63050 63051 63055 63056 63064 63075 63077 63081 63085 63087 63090 63101 63102 63170 63172 63173 63185 63190 63191 63197 63200 0200T 0201T			29897	29898	29899	29914
63016 63017 63020 63030 63040 63042 63045 63046 63047 63050 63051 63055 63056 63064 63075 63077 63081 63085 63087 63090 63101 63102 63170 63172 63173 63185 63190 63191 63197 63200 0200T 0201T			29915	29916	63001	63003
63040 63042 63045 63046 63047 63050 63051 63055 63056 63064 63075 63077 63081 63085 63087 63090 63101 63102 63170 63172 63173 63185 63190 63191 63197 63200 0200T 0201T			63005	63011	63012	63015
63047 63050 63051 63055 63056 63064 63075 63077 63081 63085 63087 63090 63101 63102 63170 63172 63173 63185 63190 63191 63197 63200 0200T 0201T			63016	63017	63020	63030
63056 63064 63075 63077 63081 63085 63087 63090 63101 63102 63170 63172 63173 63185 63190 63191 63197 63200 0200T 0201T			63040	63042	63045	63046
63081 63085 63087 63090 63101 63102 63170 63172 63173 63185 63190 63191 63197 63200 0200T 0201T			63047	63050	63051	63055
63101 63102 63170 63172 63173 63185 63190 63191 63197 63200 0200T 0201T			63056	63064	63075	63077
63173 63185 63190 63191 63197 63200 0200T 0201T			63081	63085	63087	63090
63197 63200 0200T 0201T			63101	63102	63170	63172
			63173	63185	63190	63191
17220			63197	63200	0200T	0201T
37330			J7330			

Orthotics

Prior authorization is required for orthotics with a retail purchase or a cumulative rental cost of more than \$1,000.

Out-of-network services A recommendation from a network physician or care **Note:** Your agreement with Preferred Care Network or Preferred Care Partners may include restrictions on







Procedures and services	Additional information		CPCS codes and/		
provider to a hospital, physician or other care provider who isn't contracted with Preferred Care Network and/or Preferred Care Partners.  Out-of-network services (cont.)	directing members outside of the network. Your patients who use out-of-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.  Advance notification is required for Preferred Care Network and Preferred Care Partners members when:  A network physician or health care professional directs a member to an out-of-network facility, physician or other care provider and the member's benefit plan doesn't include benefits for out-of-network services.  Or, you want to request innetwork cost sharing or a benefit level because there are no available in-network care providers for the type of specialty services needed.	how to obt	ain prior authoriz	ation	
Pain management	Prior authorization required	62350 62362	62351	62360	62361
Physical therapy/ occupational therapy Outpatient rehabilitation services provided by a physical therapist or an occupational therapist, whether provided at home or on an ambulatory basis Potentially unproven services including experimental, investigational and/or linked services  • Services including medications determined not to be effective for treatment of a medical condition  • Services determined not to have a beneficial effect on health outcomes due to:  - Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials		28890 64744	36514 66180	64405 95965	64722 95966







Duna dana dana dana dana dana dana dana d	Autobidian at the formation	ODT® - HOPO	0 1 1/			
Procedures and services	Additional information	CPT® or HCPCS	S codes and/or prior authorization	on		
Cohort studies in the prevailing published peer-reviewed medical literature  Potentially unproven						
services including experimental, investigational						
Prostate procedures	Prior authorization required	52441	52442	55874		
Prosthetics	Prior authorization required	L5301	L5856	L5968	L5981	
	for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000	L5987				
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	
Radiation therapy	Prior authorization no longer	Image guided ra	diation therapy	(IGRT) G6001	G6002	
	required	G6017	77387	G6001	G6002	
		77014	77387	G6001	G6002	
		Proton beam the 77520	erapy (PBT) 77522	77523	77525	
		Prostate spacer 55874 Special/associat 77331		77399	77470	
		Standard radiati 77401	on therapy (2D/ 77402	<b>3D)*</b> 77407	77412	
		G6003	G6004	G6005	G6006	
		G6007	G6008	G6009	G6010	
		G6011	G6012	G6013	G6014	
		Stereotactic rad and stereotactic 77371		therapy (SRS/S 77373	<b>BRT)</b> G0339	
		G6017				
		Y90 (Implantable beta-emitting microspheres for treating malignant tumors) 79445				
Rhinoplasty	Prior authorization required	30400	30410	30420	30430	
Treatment of nasal functional impairment and septal deviation		30435 30465	30450	30460	30462	
Sleep apnea procedures	Prior authorization required	21685	41512	41530	41599	
and surgeries Maxillomandibular advancement and oral- pharyngeal tissue	Applies to inpatient or outpatient procedures and surgeries	42145				
priaryrigear lissue	Julgenes					







reduction for treatment of obstructive sleep apnea including, but not limited to, palatopharyngoplasty - oral pharyngoal reconstructive surgery with laser-assisted uvulopalatoplasty (LAUP).  Applies only for surgical sleep apnea procedures - not sleep studies.  Spinal surgery  Prior authorization required  Implantation of a device that sends electrical impulses should be directed to a health plan to contracted vendor. For more information, please call the number on the member's health plan 1D card.  Therapeutic radiology services  Transplant of tissue or organs Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or to pre-treatment or evaluation  Request for transplant or transplant-related services prior to pre-treatment or evaluation  Prior authorization no longer required required reviews prior to pre-treatment or evaluation  Prior authorization required (1868 1868 61885 61886 63650 61886 63650 61886 61885 61886 61885 61886 61885 61886 61885 61886 61885 61886 61885 61886 61885 61886 61885 61886 61885 61886 61885 61886 61885 61886 61885 61886 61885	Procedures and services	Additional information	CPT® or HCPC	S codes and/or		
palatopharyngoplasty - oral pharyngeal reconstructive surgery with laser-assisted uvulopalatoplasty (LAUP).  Applies only for surgical sleep apnea procedures - not sleep studies.  Spinal surgery  Prior authorization required  Implantation of a device that sends electrical impulses should be directed to a health plan contracted vendor, For more information, please call the number on the member's health plan ID card.  Therapeutic radiology services  Transplant of tissue or organs Organ or tissue transplant or transplant-related error organs  Request for transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant-related services prior to pre-treatment or evaluation  Prior authorization required required revaluation  Prior authorization required required required revaluation  Prior authorization required revaluation  Prior authorization required required revaluation  Prior authorization required required revaluation  Prior authorization required required required revaluation  Prior authorization required required revaluation  Prior authorization required required required required revaluation  Prior authorization required required required required revaluation  Prior authorization required required required required required required revaluation  Request for transplant related services prior to pre-treatment or evaluation  Request for transplant required required revaluation  Request for transplant related services prior to pre-treatment or evaluation  Request for transplant required required required required required required required required revaluation  Request for transplant required requi	- 100cddies and services	Additional information				
Spinal surgery  Prior authorization required  Implantation of a device that sends electrical impulses  All requests for devices should be directed to a health plan and contracted vendor. For more information, please call the number on the member's health plan ID card.  Therapeutic radiology services  Transplant of tissue or organs  Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation  To pre-treatment or evaluation  Evaluation  Prior authorization required Request for transplant or transplant or transplant-related services prior to pre-treatment or evaluation  Revealuation  Prior authorization required Request for transplant or transplant or transplant-related services prior to pre-treatment or evaluation  Repeated to the prior to pre-treatment or evaluation  Repeated to the prior to pre-treatment or evaluation  Repeated to the prior authorization required services prior to pre-treatment or evaluation  Repeated to the prior authorization required services prior to pre-treatment or evaluation  Repeated to the prior authorization required required services prior to pre-treatment or evaluation  Repeated to the prior authorization required required required required services prior to pre-treatment or evaluation  Repeated to the prior authorization prepared required required required required required services prior to pre-treatment or evaluation  Repeated to the prior authorization required required required required required required services prior to pre-treatment or evaluation  Repeated to the prior authorization prepared required requir		palatopharyngoplasty – oral pharyngeal reconstructive surgery with laser-assisted uvulopalatoplasty (LAUP).  Applies only for surgical sleep apnea procedures – <b>not</b>				
Stimulators    Prior authorization required Implantation of a device that sends electrical impulses should be directed to a health plan contracted vendor. For more information, please call the number on the member's health plan ID card.    Therapeutic radiology services   Transplant of tissue or organs   Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation   Prior authorization required prior authorization required or transplant-related services prior to pre-treatment or evaluation   Prior authorization required programs   Prior authorization required prior authorization required prior authorization required programs   Prior authorization required prior authorization required prior authorization required programs   Prior authorization required prior authorization required prior authorization required programs   Prior authorization required prior authorization required prior authorization required programs   Prior authorization required programs   Prior authorization required prior authorization required programs   Prior authorization required programs   Prior authorization required prior authorization required programs   Pri	Spinal surgery		20930	20931	20939	22854
Implantation of a device that sends electrical impulses should be directed to a health plan contracted vendor. For more information, please call the number on the member's health plan ID card.  Therapeutic radiology services  Transplant of tissue or organs Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant evaluation  For cellular and gene therapy services, including Abecma®(idecaptagene icleucel), Amtagvi (liffiluecel), Breyanzi®(ilsocabtagene), Carrykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel), Kymriah ™ (lovotibeglogene autotemcel), Tecartus ™ (brexucabtagene autoleucel), artidar ¾ (lovotibeglogene autotemcel), Tecartus ™ (brexucabtagene autotemcel), Tecartus ™ (brexucabtagene autoleucel), artidar ¾ (lovotibeglogene autotemcel), Tecartus ™ (brexucabtagene autotemcel), Tecartus ™ (brexucabtagene autotemcel), Tecartus ™ (brexucabtagene autotemcel), Tecartus ™ (lovotibeglogene autotemcel), Tecartu			22858			
Implantation of a device that sends electrical impulses should be directed to a health plan contracted vendor. For more information, please call the number on the member's health plan ID card.  Therapeutic radiology services  Transplant of tissue or organs  Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or or orgens prior to pre-treatment or evaluation  Request for transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant or transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant or transplant or transplant or transplant or transplant or pre-treatment or evaluation  Request for transplant or transpla	Stimulators	Prior authorization required			E0740	E0760
sends electrical impulses ends electrical impulses  plan contracted vendor. For more information, please call the number on the member's health plan ID card.  Therapeutic radiology services  Transplant of tissue or organs  Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or pre-treatment or evaluation  Request for transplant or pre-treatment or evaluation  Request for transplant or pre-treatment or evaluation  For cellular and gene therapy services, including Abecma®(idecaptagene icleucel), Amtagvi (liffalucel), Breyanzi®(lisocabtagene), Carrylkti™ (clitacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel) Kymriah ™ (stiacabtagene autotemcel), Tecartus™ (brexucabtagene autotemcel), Tecartus™ (brexucabtagene autotemcel), Tecartus™ (brexucabtagene autotemcel), Presenta multiple autotemcel), Skysona® (elivaldogene autotemcel), Tecartus™ (brexucabtagene autotemcel), Presenta multiple autotemcel), Skysona® (elivaldogene autotemcel), Tecartus™ (brexucabtagene autotemcel), Presenta multiple					E0749	E0760
more information, please call the number on the member's health plan ID card.  Therapeutic radiology services  Transplant of tissue or organs Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant or transplant related services prior to pre-treatment or evaluation  Request for transplant or transplant related services prior to pre-treatment or evaluation  For cellular and gene therapy services, including Abecma®(idecaptagene icleucel), Amtagyi (liffluecel), Breyanzi®(lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), temeloty™ (atidarsagene autotemcel), Lyfgenia™ (lovotibeglogene autotemcel), Tecartus™ (brexucabtagene autotemcel), Psecarta™ (axicabtagene cilcleucel) and Zynteglo™(betibeglogene autotemcel) please call the Optum Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.  Bone marrow harvest 38240 38241 38242  Evaluation for transplant 99205  Heart 33940 33944 33945  Heartlung 33930 33935  Intestine 44132 44133 44135 44136  Kidney 50300 50320 50323 50340  50360 50365 50370 50547					61864	61867
Therapeutic radiology services  Transplant of tissue or organs Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation  For cellular and gene therapy services, including Abecma®(idecaptagene icleucel), Amtagvi (lifliuecel), Breyanzi®(lisocabtagene), Carrykti™ (cilitacabtagene autoleucel), Cargevy™ (exagamlogene autotemcel), Lyrgenia™ (lovotibeglogene autotemcel), Lyrgenia™ (lovotibeglogene autotemcel), Skysonaø, lokeilvaldogene autotemcel), Tecartus™ (brexucabtagene autotemcel), Pescarta™ (axicabtagene ciloleucel) and Zynteglo™(betibeglogene autotemcel) please call the Optum Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.  Bone marrow harvest 38240 38241 38242  Evaluation for transplant 99205  Heart 33940 33944 33945  Heartlung 33930 33935  Intestine 44132 44133 44135 44136  Kidney 50300 50320 50323 50340  50360 50365 50370 50547		more information, please call	61868	61885	61886	63650
Therapeutic radiology services  Transplant of tissue or organs  Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or evaluation  Request for transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or evaluation  Request for transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant or transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant or transplant or transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant or transplant or transplant or transplant evaluation  Request for transplant or transplant or transplant or transplant or transplant evaluation  Request for transplant or transplant or transplant or transplant evaluation  Request for transplant or transplant or transplant or transplant evaluation  Request for transplant or transplant or transplant or transplant evaluation evaluation  Request for transplant or transplant or transplant or transplant evaluate or evaluation  Request for transplant or transplant or transplant or transplant evaluate or evaluation  Request for transplant or transplant professional profession or transplant or transplant evaluate or transplant or transplant evaluate			63655	63685	64555	64568
Transplant of tissue or organs Organ or tissue transplant or transplant-related services services prior pre-treatment or evaluation  Request for transplant or transplant-related services services prior pre-treatment or evaluation  Request for transplant or transplant-related services services prior pre-treatment or evaluation  Request for transplant or transplant-related services prior pre-treatment or evaluation  Request for transplant or transplant or transplant-related services prior pre-treatment or evaluation  Request for transplant or transplant or transplant or transplant-related services prior proved prior to pre-treatment or evaluation  Request for transplant or prior to pre-treatment or evaluation  Request for transplant or transplant or transplant or transplant or transplant in transplant or transplant or transplant in transplant or transplant or transplant or transplant or transplant or evaluation  Request for transplant or transplant or transplant in transplant or transplant or transplant or evaluation  Request for transplant or transplant or transplant or evaluation  Request for transplant or transplant or transplant in transplant or transplant or evaluation  Request for transplant or transplant or transplant in transplant or transplant in transplant or transplant or transplant or transplant or the back of the member's health plan ID card.  Rome marrow harvest 38240 38241 38242  Evaluation for transplant 99205  Heart 33940 33944 33945  Heart/lung 33930 33935  Intestine  44132 44133 44135 44136  Kidney 50300 50320 50323 50340  50360 50360 50365 50370 50547		nealth plan ib card.	64590	L8682	L8683	
Transplant of tissue or organs  Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant or transplant-related services prior to pre-treatment or evaluation  Request for transplant or transplant or transplant or transplant or transplant or transplant or pre-treatment or evaluation  Request for transplant or transplant or transplant or transplant or transplant or pre-treatment or evaluation  Request for transplant or transplant or transplant or transplant or pre-treatment or evaluation  Request for transplant or transplant or transplant all transplant or transplant or pre-treatment or evaluation  Request for transplant or transplant or transplant evaluation  Request for transplant or transplant or transplant evaluation  Request for transplant or transplant or (tisagenlecleucel), Lantidra M (donislecel), Lenmeldy ™ (atidarsagene autotemcel) Kymriah ™ (tisagenlecleucel), Lentidra M (donislecel), Lentidra M (donislecel), Transplant or transplant o						
Lung       32850     32851     32852     32853       32854     32856     \$2060     \$2061       Pancreas	Transplant of tissue or organs Organ or tissue transplant or transplant-related services prior to pre-treatment or	Prior authorization required  Request for transplant or transplant-related services prior to pre-treatment or	Abecma®(ideca Breyanzi®(lisod Casgevy™ (exa (tisagenlecleuch (atidarsagene a autotemcel), Sk (brexucabtagen and Zynteglo™ Transplant Cas notification numerard. Bone marrow lase 38240 Evaluation for 99205 Heart 33940 Heart/lung 33930 Intestine 44132 Kidney 50300 50360 Liver 47135 Lung 32850 32854 Pancreas 48551	aptagene icleuce cabtagene), Carv agamlogene auto el), Lantidra™ (d autotemcel),Lyfge sysona® (elivaldo ele autoleucel), Ye (betibeglogene ale ele Management t aber on the back harvest 38241 transplant  33944 33935 44133 50320 50365  47143 32851 32856 48552	el),Amtagvi (lifilue rykti™ (ciltacabta otemcel) Kymriah lonislecel), Lenmenia™ (lovotibegogene autoemcelescarta™ (axical autotemcel) please eam at 888-936-of the member's 38242  33945  44135  50323 50370  47147  32852 \$2060  48554	agene autoleucel), agene autoleucel), algene autoleucel), algene l), Tecartus™ btagene ciloleucel) se call the Optum -7246 or the a health plan ID  44136  50340  50547
			32855	33933	38208	
Services related to transplants           32855         33933         38208         38209						







Procedures and services		PCS codes and/c			
		38215	38232*	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		Cellular and	gene therapy		
		0537T	0538T	0539T	0540T
		C9098	J3393	J3394	J9999
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056		
		*Code 38232 oncology dia Unclassified C9399		orior authorizatio J3590	n for an
		**Casgevy, L	antidra, Lenmeldy	/	
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required	37243	37799		
Ventricular assist devices (VAD) A mechanical pump that takes over the function of		Please call the Optum VAD Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
the damaged ventricle of		33975	33976	33979	33981
the heart and restores normal blood flow		33982 33929	33983	33927	33928





