

# MCC of FL Provider Notice

Re: Changes to prior authorization requirements

September 1, 2020

Dear Valued Provider:

As part of our effort to ease provider administrative work and ensure our members live healthier lives, we continue to refine our prior authorization (PA) requirements. We do this by adding and removing PA requirements for certain medications and services.

The chart below shows changes with an effective date of November 1, 2010.

IP/OP*	OP UM Type	Proc/HCPCS Code	Code Description	PA Change Type (Add/Remove)
OP	PT Eval	97161	Physical therapy evaluation	Remove
OP	PT Eval	97162	Physical therapy evaluation	Remove
OP	PT Eval	97163	Physical therapy evaluation	Remove
OP	OT Eval	97165	Occupational therapy evaluation	Remove
OP	OT Eval	97166	Occupational therapy evaluation	Remove
OP	OT Eval	97167	Occupational therapy evaluation	Remove
OP	ST Eval	92521	Speech therapy evaluation	Remove
OP	ST Eval	92522	Speech therapy evaluation	Remove
OP	ST Eval	92523	Speech therapy evaluation	Remove
OP	ST Eval	92524	Speech therapy evaluation	Remove
OP	ST Eval	92610	Speech therapy evaluation	Remove
OP	DME	E0105	Quad Cane	Remove
OP	DME	E0100	Metal Cane	Remove
OP	DME	E0603	Electric Breast Pump	Remove
OP	Surgery	43251	Upper GI endoscopy	Remove

OP	Surgery	43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided	Remove
Op	Surgery	43200	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s)	Remove
OP	Surgery	43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	Remove
OP	Surgery	43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s)	Remove
OP	Surgery	43244	Upper gastrointestinal endoscopy with band ligation of esophageal and/or gastric varices	Remove
OP	Surgery	43255	Upper gastrointestinal endoscopy with control of bleeding, any method	Remove
OP	Surgery	43236	Upper gastrointestinal endoscopy including esophagus, with directed submucosal injection(s)	Remove
OP	Surgery	43237	Upper gastrointestinal endoscopy with removal of foreign body	Remove
OP	Surgery	44361	Small intestinal endoscopy, endoscopy beyond second portion of duodenum, not including ileum; with biopsy,	Remove
OP	Surgery	45379	COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	Remove
OP	Surgery	45382	COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	Remove
OP	Surgery	43249	Esophagogastroduodenoscopy	Remove
OP	Surgery	45381	Colonoscopy, flexible, proximal to splenic flexure	Remove
OP	Surgery	45384	Colonoscopy, flexible, proximal to splenic flexure	Remove
OP	N/A	J0834	Injection, cosyntropin, 0.25 mg	Remove
OP	N/A	J2597	Injection, desmopressin acetate, per 1 mcg	Remove
OP	N/A	J3300	Injection, triamcinolone acetonide, preservative free, 1 mg	Remove

OP	N/A	J0690	Injection, cefazolin sodium, 500 mg	Remove
OP	N/A	J1885	Injection, ketorolac tromethamine, per 15 mg	Remove
OP	N/A	J2270	Injection, morphine sulfate, up to 10 mg	Remove
OP	N/A	J2543	Injection, piperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams)	Remove
OP	N/A	J9060	Injection, cisplatin, powder or solution, 10 mg	Remove
OP	N/A	J9263	Injection, oxaliplatin, 0.5 mg	Remove
OP	N/A	J1580	Injection, garamycin, gentamicin, up to 80 mg	Remove
OP	N/A	J1750	Injection, iron dextran, 50 mg	Remove
OP	N/A	J1940	Injection, furosemide, up to 20 mg	Remove
OP	N/A	J1956	Injection, levofloxacin, 250 mg	Remove
OP	N/A	J2185	Injection, meropenem, 100 mg	Remove
OP	N/A	J2250	Injection, midazolam hydrochloride, per 1 mg	Remove
OP	N/A	J2550	Injection, promethazine hcl, up to 50 mg	Remove
OP	N/A	J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	Remove
OP	N/A	J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	Remove
OP	N/A	J3475	Injection, magnesium sulfate, per 500 mg	Remove
OP	N/A	J3480	Injection, potassium chloride, per 2 meq	Remove
OP	N/A	J7040	Infusion, normal saline solution, sterile (500 ml = 1 unit)	Remove
OP	N/A	J9201	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg	Remove
OP	N/A	J9351	Injection, topotecan, 0.1 mg	Remove
OP	N/A	J0834	Injection, cosyntropin, 0.25 mg	Remove
OP	N/A	J2597	Injection, desmopressin acetate, per 1 mcg	Remove
OP	N/A	J3300	Injection, triamcinolone acetonide, preservative free, 1 mg	Remove
OP	N/A	J0690	Injection, cefazolin sodium, 500 mg	Remove

\*OP includes HCPCS codes for procedures, services, medications, or supplies

If you have members on medications or needing services that have been added to this list, please submit a prior authorization form before the member's next appointment or prior to initiating therapy. Submit requests to the Utilization Management team via fax at 888-656-4083 (Outpatient requests) or 888-656-4894 (Inpatient admissions). You can access the form on the provider pages of our website at [www.MCCofFL.com](http://www.MCCofFL.com).

We'll notify you of any further changes. If you have any questions, please contact the UM team at 1-800-327-8613 between 8 a.m. and 7 p.m. Monday-Friday, Eastern time.

Please visit [www.MCCofFL.com](http://www.MCCofFL.com) to view the full prior authorization list.