

UnitedHealthcare® Medicare Advantage/ Peoples Health Plans prior authorization requirements

Effective October 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Medicare Advantage health care professionals providing inpatient and outpatient services. This includes UnitedHealthcare Dual Complete® and other plans listed in the included plans section of this document. Health plans not included in the requirements are listed in the excluded plans section. Please submit your prior authorization requests in one of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on [UnitedHealthcare Provider Portal](#). To get started, go to **UHCprovider.com** and click Sign In in 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:** Call **877-842-3210**
 - **Erickson Advantage:** For the services listed on the Erickson Advantage chart on pages 13-14, contact the Erickson MSR/prior authorization number on the back of the ID card.

Prior authorization is not required for emergency or urgent care.

Note: If you are a network health care professional who is contracted directly with a delegated medical group/Independent Practice Association (IPA), then you must follow the delegate's protocols. Delegates may use their own systems and forms. They must meet the same regulatory and accreditation requirements as UnitedHealthcare.

Plans with referral requirements: If a member's health plan ID card says either Referral Required or Referral from Primary Care Required, certain services may require a referral from any network primary care provider for the member's plan. See **Chapter 6: Referrals** of the [2026 UnitedHealthcare Care Provider Administrative Guide](#) for more information. Prior authorization may still be required for the services outlined in this document.

The following table includes plans requiring prior authorization for network services.

Plans included
Medicare Advantage HMO, HMO-POS, PPO and Regional PPO plans, including AARP® Medicare Advantage, UHC Medicare Advantage, Peoples Health, UnitedHealthcare Group Medicare Advantage
UHC Dual Complete (HMO D-SNP), (HMO-POS D-SNP), (PPO D-SNP), (Regional PPO D-SNP)
UHC Complete Care (HMO C-SNP), (HMO-POS C-SNP), (PPO C-SNP), (Regional PPO C-SNP)
UHC Nursing Home Plan and UHC Care Advantage Plan (HMO I-SNP), (HMO-POS I-SNP), (PPO I-SNP)
Erickson Advantage (HMO-POS), (HMO-POS C-SNP), (HMO-POS I-SNP)

In some instances, we have delegated prior authorization services to a care provider group. In these cases, the **For Providers** section on the back of the member's ID card will list the delegated group

Delegated plans

Arizona

The following groups are delegated to Banner Health Network:

00328, 00333, 06535, 06538, 08968, 08971, 08974, 09574, 11470, 11473, 12087, 13026, 14622, 14625, 17533, 91037, 91040

Arizona

The following groups are delegated to OptumCare:

00326, 00327, 00329, 00330, 00331, 00332, 00334, 00335, 00336, 00337, 00338, 00339, 00340, 00344, 00345, 06361, 06362, 06371, 06372, 06453, 06454, 06533, 06534, 06536, 06537, 08966, 08967, 08969, 08970, 08972, 08973, 09572, 09573, 11468, 11469, 11471, 11472, 12085, 12086, 13024, 13025, 14620, 14621, 14623, 14624, 17531, 17532, 90108, 90451, 90452, 90653, 90654, 90765, 90766, 90810, 90811, 90823, 90824, 90825, 90826, 90920, 90922, 90924, 90927, 90974, 90990, 91038, 91039, 91041, 91042, 96001

California – Submit requests to the medical provider group shown on the front of the member's ID card. To obtain the medical group's contact information:

1. Sign in to the [UnitedHealthcare Provider Portal](#)
2. Select **Eligibility**
3. Scroll to the **Plan Requirements** section and review **Prior Authorizations**

Colorado

The following groups are delegated to OptumCare:

06327, 06380, 90225, 90227, 90229, 90231, 90233, 90235, 90237, 90239, 90241, 90243, 90245, 90247, 90249, 90251, 90627, 90843, 90853, 90979, 91032

Colorado

The following groups are delegated to PHP Prime:

06326, 90224, 90226, 90228, 90230, 90232, 90234, 90236, 90238, 90240, 90242, 90244, 90246, 90248, 90250, 90628, 91031

Connecticut

The following groups are delegated to Advantage Plus Network-CT:

27062, 27064, 27100, 27150, 27151, 27153, 27155, 27156

Florida

The following groups are delegated to WELLMED MEDICAL MANAGEMENT:

40199, 70341, 70342, 70344, 70345, 70346, 70347, 70348, 72790, 72811, 80192, 80193, 80194, 82940, 82958, 90350, 90351, 90352, 90359, 90360, 90403, 95115, 95116, 95117, 95118, 98151, 98152, 99790, 99791, 99795, 99797

Georgia

The following groups are delegated to OptumCare:

06460, 06461, 90372, 90458, 90467, 90753, 90756, 90951, 92113

Hawaii

The following groups are delegated to MDX Hawaii, Inc:

06345, 90279, 90792, 90793, 90794, 90795, 90803, 90804

Idaho

The following groups are delegated to OptumCare:

06356, 06357, 06363, 38014, 44016, 90219, 90220, 90221, 90222, 90305, 90431, 90432, 90433, 90798, 90799, 90813, 90857, 90858, 90859, 90860, 90911, 90912, 90913, 92127, 92128

Indiana

The following groups are delegated to OptumCare:

00744, 00746, 00748, 00749, 00750, 06360, 06384, 90468, 90469, 90471, 90782, 90783, 90784, 90785, 90801, 90814, 90815, 90822, 90830, 90831, 90876, 90877, 90879, 90880, 90881

Kansas

The following groups are delegated to OptumCare:

06505, 06506, 06509, 90088, 90167, 90326, 90328, 90493, 90874, 90875, 90955, 90967

Kentucky

The following groups are delegated to OptumCare:

06455, 90002, 90044, 90047, 90076, 90077, 90137, 90141, 90488, 90492, 90929, 90935, 90936, 90937, 90942, 90956, 90959

Missouri

The following groups are delegated to OptumCare:

06370, 06507, 06508, 06510, 90152, 90168, 90327, 90329, 90474, 90494, 90495, 90634, 90918, 90933, 90960, 90961, 90968, 90971, 90972, 90973, 90988, 90989, 99932, 99936

Nevada

The following groups are delegated to Intermountain Health:

06351, 06352, 90011, 90204, 90206, 90211, 90213, 90254, 90256, 90644, 90645, 90646, 90647, 91631, 92138, 92140, 92213, 92215, 92217, 92229, 92231, 92235, 92242, 92246, 92248, 92253, 92256, 92283

Nevada

The following groups are delegated to OptumCare:

06349, 06350, 06353, 06354, 90008, 90009, 90027, 90202, 90205, 90207, 90209, 90210, 90212, 90214, 90253, 90255, 90264, 90265, 90266, 90267, 90269, 90499, 90752, 90953, 91629, 91630, 91633, 91643, 91646, 92011, 92012, 92013, 92139, 92141, 92214, 92216, 92218, 92228, 92230, 92232, 92236, 92243, 92247, 92249, 92255, 92262, 92263, 92264, 92268, 92269, 92270, 92271, 92272, 92275, 92276, 92277, 92280, 92281, 92284, 92285

New Jersey

The following groups are delegated to OptumCare:

06477, 09100, 09102, 09103, 90068, 90069, 90071, 90072, 90330, 92014, 92016

New Mexico

The following groups are delegated to OptumCare:

06348, 38011, 38013, 90132, 90270, 90271, 90710, 90762, 90763, 90828, 90832, 90833, 90834, 90837, 90839, 90840, 90975, 90976

New Mexico

The following groups are delegated to WELLMED:

90786, 90789, 90861, 90862, 90865, 90284

New York

The following groups are delegated to OptumCare:

06485, 06486, 06487, 09000, 09001, 09117, 09118, 41034, 90181, 90182, 90183, 90184, 90187, 90316, 90324, 90480, 90483, 90484

Ohio

The following groups are delegated to OptumCare:

06459, 90001, 90043, 90045, 90046, 90048, 90049, 90487, 90489, 90490, 90491, 90496, 90925, 90926, 90928, 90930, 90931, 90932, 90934, 90938, 90939, 90940, 90941, 90943, 90944, 90945, 90946, 90948, 90957, 90958, 90962, 90963, 90966

Oregon

The following groups are delegated to OptumCare:

90287, 90288, 90290, 90291, 90293, 90294, 90304, 90796, 90797, 90816, 90817, 90818, 90819, 90820, 90821, 90906, 90907, 90909, 90910, 92116, 92117, 92194

South Carolina

The following groups are delegated to OptumCare:

06342, 90457, 90459, 90466, 90764, 90873, 90985, 90986, 90987

Tennessee

The following groups are delegated to OptumCare:

90384, 90385, 90386, 90387, 90445, 90446, 90448, 90639, 90640, 90641, 90642

Texas

The following groups are delegated to HealthTexas Medical Groups:

06317, 90258, 90713, 90715, 90719, 90721, 90730, 90770, 91635, 91637, 91637, 91640, 92124, 92142, 92163, 92205, 92261, TX99TXDSNPF9, TX99TXDSNPP9

Texas

The following groups are delegated to WellMed:

00012, 00143, 00300, 00304, 00306, 00307, 00308, 00309, 00310, 06315, 06316, 06320, 06321, 06325, 06328, 06439, 06441, 06444, 06445, 06446, 06447, 06483, 06488, 72814, 72815, 77018, 77019, 90029, 90114, 90115, 90116, 90117, 90118, 90119, 90120, 90121, 90122, 90123, 90129, 90131, 90164, 90165, 90166, 90252, 90257, 90259, 90262, 90263, 90277, 90278, 90285, 90295, 90297, 90298, 90299, 90300, 90312, 90313, 90314, 90315, 90500, 90714, 90716, 90717, 90718, 90720, 90722, 90723, 90724, 90725, 90727, 90728, 90729, 90732, 90733, 90734, 90735, 90736, 90737, 90767, 90768, 90769, 90771, 90777, 90778, 90781, 90790, 90791, 90914, 90915, 90916, 90917, 91612, 91613, 91642, 92122, 92164, 92199, 92207, 96000, TX99TXDSNPF4, TX99TXDSNPF5, TX99TXDSNPP4, TX99TXDSNPP5, TX99TXSNH2FW, TX99TXSNH2PW, TX99TXSNH2QW, TX99TXSNPF2W, TX99TXSNPF6W, TX99TXSNPF8W, TX99TXSNPP2W, TX99TXSNPP6W, TX99TXSNPP7W, TX99TXSNPP8W, TX99TXSNPQ6D, TX99TXSNPQ7W, TX99TXSNPQ8W

Utah

The following groups are delegated to OptumCare:

06448, 42000, 42004, 42022, 42030, 90034, 90055, 90064, 90065, 90268, 90301, 90302, 90303, 91627, 91628, 92101, 92102

Virginia

The following groups are delegated to OptumCare:

90648, 90649, 90650, 90651

Washington

The following groups are delegated to Independent Clinics of Washington:

90363, 90364, 90365, 90366, 90367, 90368, 90371, 90377, 90379, 90390, 90413, 90424, 90892, 90896, 90903, 91653, 91657, 92120, 92208

Washington

The following groups are delegated to OptumCare:

06391, 06392, 90153, 90155, 90156, 90361, 90362, 90391, 90393, 90409, 90410, 90415, 90416, 90423, 90427, 90532, 90536, 90537, 90633, 90738, 90739, 90866, 90890, 90891, 90894, 90898, 90899, 90900, 90901, 90902, 91647, 91650, 91651, 91652, 91655, 91656, 92118, 92119, 92210

Washington

The following groups are delegated to Seattle Medical Group:

90411, 90425, 90893, 90897, 90904, 91649, 91654, 91658, 92143, 92209

Wisconsin

The following groups are delegated to OptumCare:

06458, 90439, 90453, 90455, 90508, 90509, 90513, 90514, 90515, 90520, 90521, 90522, 90523, 90524, 90525, 90526, 90527, 90529, 90530, 90618, 90619, 90620

Excluded plans

The UnitedHealthcare prior authorization program does not apply to the following excluded benefit plans. However, these benefit plans may have separate notification or prior authorization requirements. For details, please see the [2026 UnitedHealthcare Care Provider Administrative Guide](#)

Preferred Care Network and Preferred Care Partners (Florida)

UHC MedicareDirect Private Fee-for-Service (PFFS)

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Behavioral health services Behavioral health services through a designated behavioral health network Plan exclusions: Erickson Advantage	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures Plan exclusions: Erickson Advantage	Prior authorization required				
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy Plan exclusions: Erickson Advantage	Prior authorization required	19316	19318	19325	L8600
		Prior authorization is not required for the following diagnosis codes:			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	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	Z90.11	Z90.12	Z90.13
		Z42.1			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cancer supportive Care Plan exclusions: UHC Nursing Home Plan and UHC Care Advantage Plan (I-SNP) and Massachusetts DSNP (includes MA SCO OneCare)	For all plans including Erickson Advantage, prior authorization required for colony-stimulating factor drugs and bone-modifying agent(s) administered in an outpatient setting for a cancer diagnosis *Codes J0897, J1442, J1447, J9332, Q5108, Q5110, Q5111, Q5122 and Q5125 also require prior authorization for non-oncology diagnosis (DX). See injectable medications section	J0185 J1453 J2506 J9272 Q5110* Q5136	J0897* J1454 J2820 Q2055 Q5120 Q5157	J1442* J1627 J9021 Q5101 Q5122* Q5157	J1447* J1952 J9061 Q5108* Q5125* Q5159
		Antiemetic Drugs J1434 J1456 J2468 Colony Stimulating Factors J1449 Q5111 Q5148 Erythropoiesis Stimulating Agents J0885 For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com to sign in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129			
Cardiology Plan exclusions: Erickson Advantage UHC Nursing Home Plan and UHC Care Advantage Plan (I-SNP)	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology (EP) implants and stress echocardiograms prior to performance For more information, please see the Cardiology	Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com. Then, select the Prior Authorization and Notification on your dashboard. Or, you can call 877-842-3210. For more details and the list of CPT codes that require prior authorization, please visit Cardiology Prior Authorization and Notification.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Prior Authorization Protocol for Medicare Advantage section in the 2026 UnitedHealthcare Care Provider Administrative Guide .				
Cardiovascular	Prior authorization required	Cardiology			
		33285	93653	93656	37254*
Plan exclusions:		37256*	37258*	37260*	37263*
Erickson Advantage		37265*	37267*	37269*	37271*
		37273*	37275*	37277*	37280*
		37282*	37284*	37286*	37288*
		37290*	37292*	37294*	37296*
		E0616			
		*Prior authorization is not required for the following diagnosis codes:			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I73.00	I73.01	I73.1
		I73.81	I74.3	I74.4	I74.5
		I74.8	I74.9	I75.021	I75.022
		I75.023	I75.029	I75.89	I77.2
		I77.70	I77.72	I77.77	I77.79
		I96	L03.115	L03.116	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	M86.272
		M86.279	M86.28	M86.29	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
		M86.8X5	M86.8X5	M86.8X6	M86.8X6
		2	9	1	2
		M86.8X6	M86.8X7	M86.8X7	M86.8X7
		9	1	2	9
		M86.8X8	M86.8X9	M86.9	Q27.30
		9			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	S35.511A	S35.512A	S81.801A
		S81.802A	S81.809A	S91.301A	S91.302A
		S91.309A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.818A	T82.868A	T82.898A	
Cartilage implants	Prior authorization required	27415	27416		
Plan exclusions: Erickson Advantage					
Chemotherapy	For all plans including Erickson Advantage, notification required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require notification: - Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642) - 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 HCPCS code			
Plan exclusions: UHC Nursing Home Plan and UHC Care Advantage Plan (I-SNP) and Massachusetts DSNP (includes MA SCO OneCare)		For notification, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 .			
Cochlear and other auditory implants	Prior authorization required	69714	69930	L8614	L8619
A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech		L8690	L8691	L8692	
Plan exclusions: Erickson Advantage					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Continuous Glucose monitor	Prior authorization required	A4238	A4239	E2102	E2103	
Plan exclusions: Erickson Advantage						
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function Plan exclusions: None	Prior authorization required	11971	15820	15821	15822	
		15823	15830	15847	15877	
	Advance notification required for services, whether scheduled as inpatient or outpatient	15878	15879	17106	17107	
		17108	17999	21172	21175	
		21179	21180	21184	21230	
		21235	21248	21249	21255	
		21256	21299	30620	31295	
		31296	31297	31298	31299	
	For Erickson Advantage, contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes	67900	67901	67902	67903	
		67904	67906	67908	67909	
		67950	67961	67966	Q2026	
	Durable medical equipment (DME)	Some home health care services may qualify under the DME requirement but aren't subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see Home health care services.	Prior authorization required regardless of billed amount:			
	Plan exclusions: UHC Nursing Home Plan (I-SNP)		E0466	E0766	E1230	E1239
E2510			K0801	K0806	K0808	
K0831			K0835	K0836	K0837	
K0838			K0839	K0840	K0841	
K0842			K0843	K0848	K0849	
K0850			K0851	K0852	K0854	
K0855			K0856	K0857	K0858	
K0859			K0860	K0861	K0862	
K0863			K0864	K0877	K0884	
K0890			K0891	K0898	K0899	
For UnitedHealthcare Medicare Advantage plans:						
Power mobility devices/accessories and lymphedema pumps require notification or		Prior authorization required only for a retail purchase or cumulative rental cost of more than \$1,000:				
		E0194	E0277	E0316	E0328	
	E0329	E0373	E0483	E0616		
	E0635	E0636	E0692	E0693		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	prior authorization regardless of the cost.	E0694	E0764	E0770	E0784
		E0984	E0986	E0988	E1002
		E1003	E1004	E1005	E1006
	The following Colorado and Arizona HMO/HMO-POS PBPs under CMS	E1007	E1008	E1009	E1010
	Contract H0609, have a preferred vendor relationship with Preferred Home Care, for select DME services, which may require authorization if performed by different DME provider, other than Preferred Home Care, call 800-636-2123 for more information	E1035	E1036	E1161	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1399	K0108
		For Erickson Advantage , contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.			
End-stage renal disease/dialysis services Services for the treatment of end-stage renal disease (ESRD) require advance notification – includes outpatient dialysis services	Advance notification is required if a plan member is referred to an out-of-network provider for dialysis services.	Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com . After you sign in, select the Prior Authorization and Notification on your dashboard. Or, you can call 877-842-3210.			
Plan exclusions: Erickson Advantage	Advance notification/prior authorization isn't required for ESRD when a UnitedHealthcare Medicare Advantage plan member travels outside of the service area.				
	Note: Your agreement with us may include restrictions on referring plan members outside of the UnitedHealthcare network.				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Erickson Advantage	Prior authorization from Erickson required. Contact the MSR/prior authorization on the back of the ID card	For the following select set of services, prior authorization from Erickson is required: 1. DME with expense greater than \$1,000 2. All out of network services when member requests coverage at in-network rates 3. Inpatient hospitalizations 4. Outpatient physical, speech and occupational therapy to members residing in long-term care facilities 5. Admission to non-Erickson home health care 6. Admission to a non-Erickson skilled nursing facility 7. Experimental and investigational services 8. Potential cosmetic services 9. Transplants			
Gender dysphoria treatment	Prior authorization required	55970	55980	These surgical codes, when billed with one of the following Dx codes:	
Plan exclusions:		F64.0	F64.1	F64.2	F64.8
Erickson Advantage		F64.9	F64.A	Z87.8901	Z89.8902
		Z87.8903	Z87.8904	Z87.8909	Z87.893
		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
		57106	57110	57291	57292
		57295	57296	57335	57426
		58661	58720	58940	64856
		64892	64896		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Home Health care – Applicable to Erickson Advantage only	Prior authorization required	For Erickson Advantage , contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.			
Home health care – Applicable to Tennessee D-SNP only	Prior authorization required	S9122	S9123	T1000	
Home health care – Applicable to Peoples Health only	Prior authorization required	Nurse G0299	G0300	S9123	S9124
		PT G0151	G0157	S9131	
		OT S9122	S9123	S9124	T1000
		ST G0153	S9128		
		HHA G0156	S9122		
		MSW G0155		S9127	
Hysterectomy (abdominal and Laparoscopic surgeries) – Inpatient and outpatient procedures	Prior authorization required	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570
Plan exclusions: Erickson Advantage					
Hysterectomy (vaginal) – Inpatient only	No prior authorization required for outpatient vaginal hysterectomies	58260	58262	58290	58291
Plan exclusions: Erickson Advantage					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications Plan exclusions for therapeutic radiopharmaceuticals: UHC Nursing Home Plan and UHC Care Advantage Plan (I-SNP)	For all plans including Erickson Advantage, prior authorization required*	Anemia J0896 – Reblozyl Alzheimers J0174 – Leqembi J0175 – Kisunla Asthma J2786 – Cinqair J0517 – Fasenra J2182 – Nucala J2356 – Tezspire J2361 - Exdensur Bloody Modifying Agents J0223 – Givlaari J1299 – Soliris J1302 – Enjaymo J1303 – Ultomiris J1307 – PiaSky J9332 – Vyvgart J9333 – Rystiggo J9334 – Vyvgart Hytrulo Q5151 – Epysqli Q5152 – Bkemv J1289 - Yartemlea Bone Density Agents Q5158 – Connexence J3111 – Evenity J0897 – Prolia Q5157 – Stoboclo Q5136 – Jubbonti Q5159 – Ospomyv Q5167 – Enoby Q5162 - Bildyos Botulinum Toxins J0585 – Botox J0586 – Dysport J0587 – Myobloc J0588 – Xeomin J0589 – Daxxify Cardiology J1306 – Leqvio

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Central Nervous System Agents J0222 – Onpattro J0225 – Amvuttra J1301 – Radicava J1304 – Qalsody J2326 – Spinraza J3032 – Vyepti J9332 – Vyvgart J9333 – Rystiggo J9334 – Vyvgart Hytrulo J9256 – Imaavy Endocrine J0224 – Oxlummo J0584 – Crysvida J2507 – Krystexxa J3241 – Tepezza Gene Therapy J1411 – Hemgenix J1412 – Roctavian J1413 – Elevidys J3392 – Beqvez J3401 – Vyjuvek J3398 – Luxturna J3399 – Zolgensma J3403 – Encelto J3404 – Papzimeos J3405 – Itvisma Hyaluronic Acid Polymers J7320 – Genvisc 850 J7321 – Hyalgan/Supartz/Supartz FX/Visco-3 J7322 – Hymovis / Hymovis One J7323 – Euflexxa J7324 – Orthovisc J7326 – Gel-One J7327 – Monovisc J7329 – TriVisc J7331 – Synjoynnt J7332 – Triluron Immune Globulins (IVIG, SCIG) 90283 90284 J1459 J1551 J1552 J1553 J1554 J1555

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		J1556 J1557 J1558 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1576 J1577 J1599
		Immune Modulator J0491 – Saphnelo J9038 – Niktimvo J1823 – Uplizna J9381 – Tziel J9301 - Gazyva
		Inflammatory Conditions J0129 – Orencia J1628 – Tremfya IV J1747 – Spevigo J2267 – Omvoh J2327 – Skyrizi J3247 – Cosentyx IV J3358 – Stelara J3380 – Entyvio Q5098 – Imuldosa Q5099 – Steqeyma Q5100 – Yesintek Q5138 – Wezlana Q5156 – Avtozma Q9997 – Pyzchiva Q9998 – Selarsdi Q9999 – Otulfi Q5164 - Starjemza
		Infliximab J1745 – Remicade
		Intravenous Iron Replacement J1437 – Monoferric J1439 – Injectafer
		Multiple Sclerosis J2329 – Briumvi J2350 – Ocrevus J2351 – Ocrevus Zunovo
		Ophthalmologic Agents J2781 – Syfovre

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		J2782 – Izervay
		Rare Conditions
		J1305 – Evkeeza
		J2998 – Ryplazim
		J7171 – Adzynma
		Rituximab
		Q5123 – Riabni
		Q5119 – Ruxience
		Q5115 – Truxima
		J9311 – Rituxan Hycela
		J9312 – Rituxan
		Sickle Cell Disease
		J0791 – Adakveo
		Tocilizumab
		J3262 – Actemra
		Q5133 – Tofidence
		Q5135 – Tyenne
		Vascular Endothelial Growth Factor Inhibitors (VEGF)
		J0177 – Eylea HD
		J0178 – Eylea
		J0179 – Beovu
		J2777 – Vabysmo
		J2778 – Lucentis
		J2779 – Susvimo
		Q5124 – Byooviz
		Q5128 – Cimerli
		Q5147 – Pavblu
		White Blood Cell Colony Stimulating Factors
		J1442 – Neupogen
		J1447 – Granix
		J1449 – Rolvedon
		J2506 – Neulasta
		J9361 – Ryzneuta
		Q5108 – Fulphila
		Q5110 – Nivestym
		Q5111 – Udenyca
		Q5120 – Ziextenzo
		Q5122 – Nyvepria

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Q5125 – Releuko Q5127 – Stimufend Q5130 – Fylnetra Q5148 – Nypozi Q5101 - Zarxio For all applicable plans including Erickson Advantage, a prior authorization, use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com. After you sign in, select the Prior Authorization link. From the “Create a new authorization submission” section, select Specialty Pharmacy from the dropdown menu. Or, you can call 888-397-8129 Unclassified and temporary codes* J3490 J3590 C9399 C9305 * Kebilidi, Ranluspec, Rivfloza

Inpatient admissions – Post-acute services

Plan exclusions:

None

Prior authorization and 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

Home & Community Care (formerly naviHealth) manages prior authorization for in-scope membership.

Phone: 855-851-1127

*Peoples Health does not use Home & Community Care (formerly naviHealth). Enter authorization request using the UnitedHealthcare Provider Portal.

*AIP DSNP plans should not route to naviHealth and are serviced by the Optum PACM team

Note: These plans are excluded from the skilled nursing facility prior authorization requirement: UHC Nursing Home Plan (I-SNP)

Use the Prior Authorization and Notification tool on the [UnitedHealthcare Provider Portal](#). After you sign in at [UHCprovider.com](#), select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.

For Erickson Advantage, contact the MSR/prior authorization number on the back of

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.			
Non-emergency air transport Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430	A0431	A0435	A0436
Plan exclusions: Erickson Advantage					
Orthognathic surgery Treatment of maxillofacial (jaw) functional impairment	Prior authorization required	21120	21121	21122	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
Plan exclusions: Erickson Advantage		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247		
Orthopedic surgeries Spine and joint surgeries	Prior authorization required	22110	22206	22207	22210
		22212	22214	22220	22222
		22224	22532	22533	22548
Plan exclusions: Erickson Advantage		22551	22554	22556	22558
		22590	22595	22600	22610
		22612	22630	22633	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22849	22850	22852	22855
		22856	22861	22867	22869
		22899	23470	23472	25449
		27120	27125	27130	27132
		27134	27137	27138	27412
		27446	27447	27486	27487

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		29840 29846 29866 29867 29868 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 0200T 0201T J7330 Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal . After you sign in at UHCprovider.com , select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.
Out-of-network services A recommendation from a network physician or health care professional to a hospital, physician or other health care professional who's out-of-network Plan exclusions: None	Please note that your agreement with UnitedHealthcare may include restrictions directing plan members outside of the UnitedHealthcare network. Plan members who use out-of-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.	For Medicare Advantage plan members, you may bill any code as long as advance notification is obtained in the following circumstances: • A network physician or health care professional directs a member to an out-of-network facility, physician or other health care professional and the member's benefit plan doesn't include benefits for out-of-network services. • A network physician or health care professional directs a member to an out-of-network facility, physician or other health care professional and the member's benefit plan includes benefits for out-of-network services – but there are no available in-network health care professionals for the type of specialty services needed. • A network physician or health care professional requests in-network cost-

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		sharing or benefit level because there aren't in-network health care professionals for the type of specialty services needed.			
		For Erickson Advantage , contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.			
Outpatient therapy (PT/OT/ST, chiropractic)	Prior authorization is required for place of service 11-Office, 19-Off Campus-Outpatient-Hospital, 22-On-Campus Outpatient Hospital, 24-Ambulatory Surgical Center, 49-Independent Clinic, and 62-Comprehensive Outpatient Rehabilitation Facility.	Physical, occupational and speech therapy (PT/OT/ST)			
Plan Exclusions: Erickson Advantage members who do not live in long-term care facilities Peoples Health UHC Nursing Home Plan and UHC Care Advantage Plan (I-SNP)		92507	92508	97012	97016
		97018	97022	97024	97026
		97028	97032	97033	97034
		97035	97036	97039	97110
		97112	97113	97116	97124
		97139	97140	97150	97164
		97168	97530	97533	97535
		97537	97542	97545	97546
		97750	97755	97760	97761
		97799	G0283		
	For Erickson Advantage only, prior authorization is required for place of service related to residing in long-term care facilities: 32-Nursing, 33-Custodial Care Facility	For Erickson Advantage , contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.			
	For services in the home, please refer to the Home Health Services category				
Pain management	Prior authorization required	62350	62351	62360	62361
		62362			
Plan exclusions: Erickson Advantage					
Potentially unproven services (including experimental/investigational and/or linked services)	Prior authorization required	28890	33289	36514	64405
•Services, including medications,		64722	64744	66180	C2624

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 • Cohort studies in the prevailing published peer-reviewed medical literature Plan exclusions: None		For Erickson Advantage, contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.			
Pre-D M&R	Prior authorization is required for Medicare Advantage and C&S Medicare Duals	0627T 64656 81479	64581 64657	64654 64658	64655 64659
Private duty nursing	Prior authorization is only required for procedure T1000 specific employer group plans	Prior authorization is only required for procedure T1000 for the specific employer group plan codes listed below:			
Plan exclusions: All individual Medicare Advantage plans		12268	12350	12394	12404
		12405	12406	12407	12408
		12413	12414	12415	12416
		12417	12418	12419	12422
		12423	12424	12427	12428
		12429	12430	12431	12433
		12434	12435	12436	12437
		12438	12440	12441	12442
		12443	12444	12445	12446
		12826	12834	12835	12840
		12986	12987	12988	13295
		13296	13353	13354	13355
		13464	13465	13466	13467
		13470	13483	13517	13518
		13519	13522	13523	13546
		13711	13804	13850	13852
		13875	13895	13896	15304
		15305	15306	15307	15330
		15331	15336	15337	15375

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		15403	15404	15405	15406
		15408	15409	15410	15412
		15413	15414	15415	15416
		15417	15418	15424	15425
		15426	15428	15429	15451
		15550	15605	15606	15627
		15628	15629	15630	15631
		15632	15633	15634	15635
		15636	15637	15638	15639
		15640	15641	15642	15643
		15644	15645	15646	15648
		15672	15673	15725	15726
		15727	15728	15734	15735
		15736	15737	15738	15739
		15740	15741	15742	15743
		15747	15748	15774	15780
		15782	15783	15784	15785
		15786	15787	15788	15789
		15790	15791	15792	15793
		15795	15802	15894	15895
		15937	15938	16175	16188
		16190	16191	16205	16206
		16207	16208	16233	16234
		16235	16236	16325	16326
		16327	27070		
Prostate procedures	Prior authorization required	52441	52442		
Plan exclusions: Erickson Advantage					
Radiation therapy	Prior authorization required	IGRT 77387			
Plan exclusions: Erickson Advantage and Massachusetts DSNP (includes MA SCO OneCare)		Proton Beam Therapy (PBT) 77520 77522 77523 77525			
Radiation therapy (cont.)		Radiation Treatment Delivery 77402* 77407 77412			
		SRS/SBRT			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		77371 77372 77373 G0339 G0340
		Special/Associated Services 77331 77370 77399 77470
		Y90 S2095 79445
		*Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges: Applicable ICD10 codes for cancer types in scope for Hypofractionation:
		Bone Mets - ICD10: C79.51, C79.52
		Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A
		Prostate - ICD10: C61
		Applicable ICD10 codes for cancer types in scope for Conventional Fractionation: Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31,

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92			
		Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal . After you sign in at UHCprovider.com , select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.			
Plan exclusions: Erickson Advantage					
UHC Nursing Home Plan and UHC Care Advantage Plan (I-SNP)	- Certain positron emission tomography (PET) scans - Nuclear medicine and nuclear cardiology procedures For more information, please see the Outpatient Radiology Prior Authorization Protocol for Medicare Advantage section in the 2026 UnitedHealthcare Administrative Guide.	Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210. For more details and the CPT codes that require notification/prior authorization, please see Radiology Prior Authorization and Notification.			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Plan exclusions: None		For Erickson Advantage , contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.			
Sleep apnea procedures and surgeries	Prior authorization required	21685	41512	41530	41599
Maxillomandibular advancement or oral	Applies to inpatient or outpatient	42145			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
pharyngeal tissue reduction for treatment of obstructive sleep apnea	procedures and surgeries, including, but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty				
Plan exclusions: Erickson Advantage	Applies only for surgical sleep apnea procedures and not sleep studies				
Spine surgery	Prior authorization required	20930 22858	20931	20939	22854
Plan exclusions: Erickson Advantage					
Stereotactic Radiosurgery	Prior authorization required	77371	77372		
Plan exclusions: Erickson Advantage and Massachusetts DSNP (includes MA SCO OneCare)					
Stimulators Implantation of a device that Sends electrical impulses	Prior authorization required				
Plan exclusions: Erickson Advantage					
		Bone growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		61863	61867	61885	61886
		63650	63655	63685	64555
		64568	64590	L8682	L8683
		Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal . After you sign in at UHCprovider.com , select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Therapeutic Radiopharmaceuticals	Prior authorization required	A9513 A9615	A9590 A9699	A9606	A9607
Plan exclusions: Erickson Advantage and Massachusetts DSNP (includes MA SCO OneCare)					
Transplant of tissue or organs	Prior authorization required	For cellular and gene therapy services, including Abecma Amtagvi, Aucatzyl, Breyanzi, Carvykti, Casgevy, Kymriah, Lantidra, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Tecelra, Waskyra, Yartemlea, Yescarta, Zevaskyn and Zynteglo please call 888-936-7246 or the notification number on the back of the member’s health plan ID card			
•Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation		Cellular and gene therapy			
•Request for transplant or transplant-related services prior to pre-treatment or evaluation		J1289	J3386	J3387	J3389
		J3391	J3392	J3393	J3394
		J3402	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	Q2057
		Q2058			
		Evaluation for transplant			
		99205			
		Bone marrow harvest			
		38240	38241	38242	
		Heart/lung			
		33930	33935		
		Heart			
		33940	33944	33945	
		Lung			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		Kidney			
		50300	50320	50323	50340
		50360	50365	50370	50547
		Pancreas			
		48551	48552	48554	
		Liver			
		47135	47143	47147	
		Intestine			
		44132	44133	44135	44136
		Services related to transplants			
		32855	33933	38208	38209
		38210	38212	38213	38214

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		38215	38232*	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		Temporary and unclassified C9301* C9399* J3490* J3590* *For unclassified code C9301, C9399, J3490 and J3590, notification/prior authorization is required for Amtagvi, Lantidra			
		Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal . After you sign in at UHCprovider.com , select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.			
		For Erickson Advantage , contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.			
Vein procedures	Prior authorization required	37243	37799		
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					
Plan exclusions: Erickson Advantage					
Ventricular assist devices (VAD)		Please call the Optum VAD Case Management team at 888-936-7246. Or, you can call the notification number on the back of the member's health plan ID card.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			
Plan exclusions: Erickson Advantage					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		*For Peoples Health, enter prior authorization request including CPT codes listed above, using the UnitedHealthcare Provider Portal. Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.

