

UnitedHealthcare Medicare Advantage/ Peoples Health and Rocky Mountain Health Plans prior authorization requirements

Effective February 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 1 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

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, Referral Required, certain services may require a referral from the member's primary care provider. Prior authorization must also be obtained from the treating physician. See the [2025 UnitedHealthcare Care Provider Administrative Guide](#) for more information. The following table includes plans requiring prior authorization for network services.

Plans included
Medicare plans subject to the UnitedHealthcare West Non-Capitated Supplement
Medicare Advantage HMO, HMO-POS, PPO and Regional PPO plans, including AARP® Medicare Advantage, UnitedHealthcare The Villages Medicare Advantage, UnitedHealthcare Group Medicare Advantage, Peoples Health
UnitedHealthcare Dual Complete (HMO D-SNP), (HMO-POS D-SNP), (PPO D-SNP), (Regional PPO D-SNP)
UnitedHealthcare Complete Care (HMO C-SNP), (HMO-POS C-SNP), (PPO C-SNP), (Regional PPO C-SNP)



UnitedHealthcare Nursing Home Plan and UnitedHealthcare Care Advantage (HMO I-SNP), (HMO-POS I-SNP), (PPO I-SNP)

Erickson Advantage: Prior authorization is required on the following select set of services:

1. DME with expense greater than \$1,000
2. All out of network services when member requests coverage at in-network rates
3. Elective 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. Routine transportation
8. Experimental and investigational services
9. Potential cosmetic services
10. Transplants

UnitedHealthcare Dual Eligible Special Needs Plans (D-SNP) and Medicare Advantage benefit plans offered by UnitedHealthcare Community Plan are subject to an additional manual, as further described in the benefit plan section of the [**2025 UnitedHealthcare Care Provider Administrative Guide**](#). As explained in the benefit plan section, some UnitedHealthcare D-SNP and Medicare Advantage benefit plans offered by UnitedHealthcare Community Plan are not subject to an additional manual and are therefore subject to the administrative guide.

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 managing the prior authorization process. These following plans are included.

Delegated plans

Arizona

The following groups are delegated to Banner Health Network:

HCFAD7-661, HCFAD7-662, HCFA0D-60V, HCFA0F-60X

Arizona – OptumCare

The following groups are delegated to OptumCare:

90108, 90397, 90398, 90399, 90400, 90451, 90452, 90653, 90654, 90765, 90766, 90809, 90810, 90811, 90812, 90823, 90824, 90825, 90826, 90919, 90920, 90921, 90922, 90924, 90927, 90974, 90990, 91033, HCFA0B-60T, HCFA0C-60U, HCFA0D-60V, HCFA0E-60W, HCFA0F-60X, HCFAC9-660, HCFAD7-661, HCFAD7-662, HCFAH4-66S

Colorado

The following groups are delegated to OptumCare:

Groups 90091, 90092, 90093, 90094, 90095, 90096, 90225, 90227, 90229, 90231, 90233, 90235, 90237, 90239, 90241, 90243, 90245, 90247, 90249, 90251, 90621, 90627, 90841, 90843, 90845, 90847, 90849, 90850, 90851, 90852, 90853, 90854, 90855, 90856, 90977, 90979, 90981, 90983

Colorado: The following groups are delegated to PHP Prime: Groups 90224, 90226, 90228, 90230, 90232, 90234, 90236, 90238, 90240, 90242, 90244, 90246, 90248, 90250, 90628

Connecticut

The following groups are delegated to Advantage Plus Network (OptumCare):

27062, 27064, 27100, 27150, 27151, 27153, 27155, 27156, 90150, 90151, 90464, 90465, 90969, 90970

Florida – The following groups are delegated to Florida-Preferred Care-WellMed:

Groups 99790, 99791, 99795, 99797, 98151, 98152, 90215

Florida – The following groups are delegated to WellMed:

40199, 70341, 70342, 70343, 70344, 70345, 70346, 70347, 70348, 72790, 72811, 80192, 80193, 80194, 82940, 82958, 82960, 82962, 82969, 82970, 82977, 82978, 82980, 90028, 90078, 90079, 90086, 90349, 90350, 90351, 90352, 90359, 90360, 90403, 95115, 95116, 95117, 95118

Georgia

The following groups are delegated to OptumCare:

90372, 90373, 90374, 90375, 90458, 90467, 90753, 90756, 90757, 90951, 90952, 92109, 92111, 92113

Hawaii

The following groups are delegated to MDX:

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

Idaho

The following groups are delegated to OptumCare:

38014, 44016, 90219, 90220, 90221, 90222, 90305, 90431, 90432, 90433, 90798, 90799, 90800, 90813, 90835, 90836, 90857, 90858, 90859, 90860, 90911, 90912, 90913, 92127, 92128

Indiana

The following groups are delegated to OptumCare:

00744, 00746, 00748, 00749, 00750, 00758, 90468, 90469, 90470, 90471, 90472, 90473, 90782, 90783, 90784, 90785, 90801, 90814, 90815, 90822, 90829, 90830, 90831, 90876, 90877, 90878, 90879, 90880, 90881

Kansas

The following groups are delegated to OptumCare:

Groups 90088, 90167, 90326, 90328, 90493, 90805, 90806, 90874, 90875, 90955, 90967

Kentucky

The following groups are delegated to OptumCare:

90002, 90044, 90047, 90076, 90077, 90137, 90141, 90485, 90488, 90492, 90929, 90935, 90936, 90937, 90942, 90956, 90959

Missouri

The following groups are delegated to OptumCare:

90152, 90168, 90327, 90329, 90474, 90494, 90495, 90634, 90807, 90808, 90918, 90933, 90960, 90961, 90968, 90971, 90972, 90973, 90988, 90989, 99932, 99936

Nevada

The following groups are delegated to OptumCare:

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

New Jersey

The following groups are delegated to OptumCare:

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

New Mexico

The following groups are delegated to OptumCare:

38011, 38013, 90132, 90270, 90271, 90710, 90762, 90763, 90828, 90832, 90833, 90834, 90837, 90838, 90839, 90840, 90975, 90976

New Mexico

The following groups are delegated to WellMed:

90280, 90282, 90284, 90786, 90789, 90861, 90862, 90865

New York

The following groups are delegated to OptumCare:

09000, 09001, 09117, 09118, 41034, 90144, 90145, 90146, 90147, 90181, 90182, 90183, 90184, 90185, 90186, 90187, 90188, 90316, 90322, 90323, 90324, 90475, 90476, 90477, 90478, 90479, 90480, 90483, 90484, 90886, 90887, 90888, 90889

Ohio

The following groups are delegated to OptumCare:

90001, 90043, 90045, 90046, 90048, 90049, 90138, 90486, 90487, 90489, 90490, 90491, 90496, 90895, 90925, 90926, 90928, 90930, 90931, 90932, 90934, 90938, 90939, 90940, 90941, 90943, 90944, 90945, 90946, 90948, 90957, 90958, 90962, 90963, 90964, 90965, 90966

Oregon: The following groups are delegated to OptumCare: Groups 90287, 90288, 90290, 90291, 90293, 90294, 90304, 90796, 90816, 90817, 90818, 90819, 90820, 90821, 90906, 90907, 90909, 90910, 92116, 92117, 90797

South Carolina

The following groups are delegated to OptumCare:

90380, 90381, 90388, 90457, 90459, 90466, 90764, 90868, 90869, 90870, 90873, 90954, 90985, 90986, 90987

Tennessee: The following groups are delegated to OptumCare: Groups 90382, 90383, 90384, 90385, 90386, 90387, 90445, 90446, 90447, 90448, 90639, 90640, 90641, 90642, 90643

Texas – The following groups are delegated to HealthTexas Medical Group:

The following groups apply:

90258, 90713, 90715, 90719, 90721, 90730, 90770, 91635, 91637, 91640, 92124, 92142, TX99TXDSNPP9, TX99TXDSNPF9

Texas – WellMed

The following groups apply:

00012, 00300, 00303, 00304, 00305, 00306, 00307, 00308, 00309, 00310, 17064, 72806, 72807, 72814, 72815, 77018, 77019, 90029, 90031, 90032, 90110, 90111, 90112, 90114, 90115, 90116, 90117, 90118, 90119, 90120, 90121, 90122, 90123, 90129, 90130, 90131, 90164, 90165, 90166, 90312, 90313, 90314, 90315, 90711, 90712, 90714, 90716, 90717, 90718, 90720, 90722, 90723, 90724, 90725, 90726, 90727, 90728, 90729, 90731, 90732, 90733, 90734, 90735, 90736, 90737, 90767, 90768, 90769, 90771, 90772, 90773, 90774, 90775, 90776, 90777, 90778, 90779, 90780, 90781, 90790, 90791, 90914, 90915, 90916, 90917, 91612, 91613, 91632, 91636, 91642, 91644, 96000, 99950, 99951, 99952, 99953, 99954, 99955, TX99TXDSNP5F, TX99TXDSNP5P, TX99TXDSNP5Q, TX99TXDSNPF1, TX99TXDSNPF2, TX99TXDSNPF3, TX99TXDSNPF8, TX99TXDSNPP1, TX99TXDSNPP2, TX99TXDSNPP3, TX99TXDSNPP8, TX99TXDSNPQ1, TX99TXDSNPQ2, TX99TXDSNPQ3, TX99TXSNH2FW, TX99TXSNH2PW, TX99TXSNH2QW, TX99TXSNPF6W, TX99TXSNPF8W, TX99TXSNPP6W, TX99TXSNPP8W, TX99TXSNPQ6D, TX99TXSNPQ8W

Utah

The following groups are delegated to OptumCare:

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

Viginia:

The following groups are delegated to OptumCare:

Groups 90648, 90649, 90650, 90651, 90652

Washington – Independent Clinics of Washington

The following groups apply:

90363, 90364, 90365, 90366, 90367, 90368, 90371, 90377, 90379, 90390, 90413, 90424, 90892, 90896, 90903, 91648, 91653, 91657, 92120

Washington – OptumCare

The following groups apply:

90361, 90362, 90369, 90370, 90376, 90378, 90389, 90391, 90393, 90409, 90410, 90415, 90416, 90423, 90427, 90532, 90533, 90534, 90535, 90536, 90537, 90633, 90738, 90739, 90740, 90741, 90742, 90743, 90744, 90745, 90746, 90747, 90748, 90749, 90750, 90751, 90866, 90890, 90891, 90894, 90898, 90899, 90900, 90901, 90902, 91647, 91650, 91651, 91652, 91655, 91656, 92118, 92119

Washington – Seattle Medical Group

The following groups apply:

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

Wisconsin

The following groups are delegated to OptumCare:

90439, 90453, 90455, 90508, 90509, 90510, 90511, 90512, 90513, 90514, 90515, 90516, 90517, 90518, 90519, 90520, 90521, 90522, 90523, 90524, 90525, 90526, 90527, 90528, 90529, 90530, 90617, 90618, 90619, 90620

This prior authorization requirement does not apply to the following plans:

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 [2025 UnitedHealthcare Care Provider Administrative Guide](#)

UnitedHealthcare Medicare Direct private fee-for-service (PFFS)

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Behavioral health services Plan exclusions: None Behavioral health services through a designated behavioral health network	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 Plan exclusions: None Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
Breast reconstruction (non-mastectomy) Plan exclusions: None Reconstruction of the breast except when following mastectomy	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent(s) administered in an outpatient setting for a cancer diagnosis	Anti-emetics that require prior authorization:			
Plan exclusions: Institutional Special Needs Plans (I-SNP)	*Codes J1442, J1447, J9332, Q5108, Q5110, Q5111, Q5122 and Q5125 also require prior authorization for non-oncology diagnosis (Dx). See injectable medications section.	Akynzeo™ (palonosetron/fosnetupitant)			
		J1454			
		Cinvanti® (aprepitant)			
		J0185			
		Emend® (fosaprepitant)			
		J1453			
		Sustol® (granisetron extended release)			
		J1627			
		Injectable colony-stimulating factor drugs that require prior authorization:			
		Filgrastim (Neupogen®)			
		J1442*			
		Filgrastim-aafi (Nivestym®)			
		Q5110*			
		Filgrastim-sndz (Zarxio®)			
		Q5101			
		Pegfilgrastim (Neulasta®)			
		J2506			
		Pegfilgrastim-apgf (Nyvepria®)			
		Q5122*			
		Pegfilgrastim-cbqv (Udenyca®)			
		Q5111*			
		Pegfilgrastim-jmdb (Fulphila®)			
		Q5108*			
		Sargramostim (Leukine®)			
		J2820			
		Tbo-filgrastim (Granix®)			
		J1447*			
		Trilaciclib (Cosela™)			
		J1448			
		Filgrastim-ayow (Releuko®)			
		Q5125*			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cancer supportive care (cont.)	<p>Bone-modifying agent that requires prior authorization: Denosumab (Prolia®, Xgeva®)</p> <p>J0897</p> <p>Antiemetic drugs</p> <p>J1434</p> <p>J1456</p> <p>J2468</p> <p>Colony-stimulating factors</p> <p>J1449</p> <p>Q5148</p> <p>Erythropoiesis-stimulating agents</p> <p>J0885</p> <p>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.</p>	
Cardiology Plan exclusions: UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO-SNP), (HMO-POS HMO-SNP), (PPO-SNP)	<p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterization s, electrophysiology (EP) implants and stress echocardiograms prior to performance</p> <p>For more information, please see the Cardiology</p>	<p>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.</p> <p>For more details and the list of CPT codes that require prior authorization, please visit Cardiology Prior Authorization and Notification.</p>

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 2024 UnitedHealthcare Care Provider Administrative Guide.				
Cardiovascular	Prior authorization required			Cardiology	
Plan exclusions:		33285	93653	93656	37254*
None		37256*	37258*	37260*	37263*
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I70.561	I70.562	I70.563	I70.568
		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	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		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
		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	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Q27.8 S35.512A T82.338A T82.898A I73.81	Q27.9 T82.312A T82.392A I73.00	Q87.2 T82.318A T82.398A I73.01	S35.511A T82.319A T82.399A I73.1
Cartilage implants	Prior authorization required	27415	27416		
Plan exclusions: None					
Chemotherapy	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: <ul style="list-style-type: none"> 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: I-SNP		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 L8690	69930 L8691	L8614 L8692	L8619
Plan exclusions: None A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech					
Continuous Glucose monitor	Prior authorization required	A4238	A4239	E2102	E2103
Cosmetic and reconstructive procedures	Prior authorization	11960 15822 15877	11971 15823 15878	15820 15830 15879	15821 15847 17106

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Plan exclusions: None 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	ation required	17107	17108	17999	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
	Advance notification required for	21235	21248	21249	21255
		21256	21260	21261	21263
		21267	21268	21275	21299
	services, whether scheduled as inpatient or outpatient	28344	30540	30545	30560
		30620	31295	31296	31297
		31298	31299	67900	67901
		67902	67903	67904	67906
		67908	67909	67912	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: Institutional Special Needs Plans (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
		Prior authorization required only for a retail purchase or cumulative rental cost of more than \$1,000:			
		E0170	E0194	E0277	E0300
	Some payer groups may have different DME advance notification requirements for plan members through their benefit plans.	E0302	E0304	E0316	E0328
		E0329	E0373	E0483	E0616
		E0618	E0635	E0636	E0639
		E0640	E0692	E0693	E0694
		E0740	E0761	E0764	E0770
		E0784	E0984	E0986	E0988
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1017	E1035	E1036
		E1161	E1232	E1233	E1234
		E1235	E1236	E1237	E1238

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		E1399	K0108	K0455	K0730
	<p>For UnitedHealthcare Medicare Advantage plans: Power mobility devices/accessories and lymphedema pumps require notification or prior authorization regardless of the cost.</p>				
	<p>The following Colorado and Arizona HMO/HMO-POS PBPs under CMS 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</p>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
End-stage renal disease/dialysis services Plan exclusions: None Services for the treatment of end-stage renal disease (ESRD) require advance notification – includes outpatient dialysis services	<p>Advance notification is required if a plan member is referred to an out-of-network provider for dialysis services. The purpose of steering to an in-network dialysis center is to avoid high cost-shares for plan members, even when they may have out-of-network benefits.</p> <p>Advance notification/prior authorization isn't required for ESRD when a UnitedHealthcare Medicare Advantage plan member travels outside of the service area.</p> <p>Note: Your agreement with us may include restrictions on referring plan members outside of the UnitedHealthcare network.</p>	<p>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.</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment	Prior authorization required	55970	55980		
Plan exclusions:		These surgical codes, when billed with one of the following Dx codes:			
None		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		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	92507	92508
Home health care – Applicable to Tennessee D-SNP only	Prior authorization required	S9122	S9123	S9123	T1000
Hysterectomy (abdominal and laparoscopic surgeries) – Inpatient and outpatient procedures	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
Plan exclusions:		58571	58572	58573	
None					
Hysterectomy (vaginal) – Inpatient only	No prior authorization required for outpatient vaginal hysterectomies	58260	58262	58263	58267
		58270	58290	58291	58292
Plan exclusions:		58294			
None					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications	Prior authorization required*	Anemia J0896 – Reblozyl
Plan exclusions for therapeutic radiopharmaceuticals: Institutional Special Needs Plans (I-SNP)		Alzheimers J0174 – Leqembi J0175 – Kisunla
		Asthma J2786 – Cinqair J0517 – Fasenra J2182 – Nucala J2356 – Tezspire
		Bloody Modifying Agents J0223 – Givlaari J1299 – Soliris J1302 – Enjaymo J1303 – Ultomiris J1307 – PiaSky J9332 – Vyvgart J9333 – Rystiggo J9334 – Vyvgart Hytrulo Q5151 – Epysqli Q5152 – Bkemv
		Bone Density Agents Q5158 – Connexence J3111 – Evenity

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Q5136 – Jubbonti
		J0897 – Prolia
		Q5157 – Stoboclo
		Botulinum Toxins
		J0585 – Botox
		J0586 – Dysport
		J0587 – Myobloc
		J0588 – Xeomin
		J0589 – Daxxify
		Cardiology
		J1306 – Leqvio
		Central Nervous System Agents
		J0222 – Onpattro
		J0225 – Amvuttra
		J1301 – Radicava
		J1304 – Qalsody
		J2326 – Spinraza
		J3032 – Vyepti
		J9332 – Vyvgart
		J9333 – Rystiggo
		J9334 – Vyvgart Hytrulo
		Endocrine
		J0224 – Oxlumo

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		J0584 – Crysvisa
		J2507 – Krystexxa
		J3241 – Tepezza
		Gene Therapy
		J1411 – Hemgenix
		J1412 – Roctavian
		J1413 – Elevidys
		J3392 – Beqvez
		J3401 – Vyjuvek
		J3398 – Luxturna
		J3399 – Zolgensma
		J3403 – Encelto
		Q5136 – Jubbonti
		Hyaluronic Acid Polymers
		J7320 – Genvisc 850
		J7321 – Hyalgan/Supartz/Supartz FX/Visco-3
		J7322 – Hymovis
		J7323 – Euflexxa
		J7324 – Orthovisc
		J7326 – Gel-One
		J7327 – Monovisc
		J7329 – TriVisc
		J7331 – Synojoynt
		J7332 – Triluron

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Immune Globulins (IVIG, SCIG)

90283	90284	J1459	J1551
J1552	J1554	J1555	J1556
J1557	J1558	J1559	J1561
J1566	J1568	J1569	J1572
J1575	J1576	J1599	

Immune Modulator

J0491 – Saphnelo

J9038 – Niktimvo

J1823 – Uplizna

J9381 – Tziel

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Q9997 – Pyzchiva
		Q9998 – Selarsdi
		Q9999 – Otulfi
		Infliximab
		J1745 – Remicade
		Intravenous Iron Replacement
		J1437 – MonoferriC
		J1439 – Injectafer
		Multiple Sclerosis
		J2329 – Briumvi
		J2350 – Ocrevus
		J2351 – Ocrevus Zunovo
		Ophthalmologic Agents
		J2781 – Syfovre
		J2782 – Izervay
		Rare Conditions
		J1305 – Evkeeza
		J2998 – Ryplazim
		J7171 – Adzynma
		Rituximab
		Q5123 – Riabni
		Q5119 – Ruxience
		Q5115 – Truxima
		J9311 – Rituxan Hycela

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Q5108 – Fulphila
		Q5110 – Nivestym
		Q5111 - Udenyca
		Q5120 – Ziextenzo
		Q5122 – Nyvepria
		Q5125 – Releuko
		Q5127 – Stimufend
		Q5130 – Fylnetra
		Q5148 – Nypozi
		Q5101 - Zarxio
		To submit 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, Rivfloza, Starjemza

Inpatient admission	Notification required
Inpatient admissions – Post-acute services	Prior authorization and notification of admission date required for these facilities providing post-
Plan exclusions: None	Home & Community Care (formerly naviHealth) manages prior authorization for in-scope membership. Phone: 855-851-1127 Fax: 844-244-9482

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	acute inpatient services: <ul style="list-style-type: none">Acute care hospitalsAcute inpatient rehabilitationCritical access hospitalsLong-term acute care hospitalsSkilled nursing facilities Note: These plans are excluded from the skilled nursing facility prior authorization requirement: UnitedHealthcare® Nursing Home Plans	*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 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.			
Non-emergency air transport	Prior authorization required	A0430	A0431	A0435	A0436
Plan exclusions: None Non-urgent ambulance transportation by air between specified locations					
Orthognathic surgery	Prior authorization required	21120	21121	21122	21123
Plan exclusions: None Treatment of maxillofacial (jaw) functional impairment		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		21240	21242	21244	21245
		21246	21247		
Orthopedic surgeries	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
Plan exclusions:		22210	22212	22214	22220
U.S. Virgin Island policies 67006,		22222	22224	22532	22533
67007, 67008, 24755, 25309, 23930,		22548	22551	22554	22556
97003, 97004, 97005, 97006, 97007,		22558	22590	22595	22600
97008		22610	22612	22630	22633
Spine and joint surgeries		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		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	27446
		27447	27486	27487	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	J7330	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		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.
<p>Out-of-network services</p> <p>Plan exclusions: None</p> <p>A recommendation from a network physician or health care professional to a hospital, physician or other health care professional who's out-of-network</p>	<p>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.</p> <p>Advance notification is required for Medicare Advantage plan members in the following circumstances:</p> <p>A network physician or health care professional directs a member to an out-of-network</p>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Out-of-network services (cont.)	<p>facility, physician or other health care professional and the member's benefit plan doesn't include benefits for out-of-network services.</p> <p>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.</p>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	A network physician or health care professional requests in-network cost-sharing or benefit level because there aren't in-network health care professionals for the type of specialty services needed.				
Outpatient therapy (PT/OT/ST, chiropractic)	Prior authorization is required for place of service	Physical, occupational and speech therapy (PT/OT/ST)			
Plan Exclusions: UnitedHealthcare® Dual Complete plans, UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans, Erickson Advantage, Preferred Care Network and Preferred Care Partners of Florida please contact the number on member ID card for prior authorization instructions), Peoples Health Plan, Rocky Mountain Medicare Advantage plans, US Virgin Islands (9/1/24 – 12/31/25)	11-Office, 19-Off Campus-	92507	92508	92526	97012
	Outpatient-	97016	97018	97022	97024
	Hospital, 22-On-Campus	97026	97028	97032	97033
	Outpatient	97034	97035	97036	97039
	Hospital, 24-Ambulatory	97110	97112	97113	97116
	Surgical Center, 49-Independent	97124	97139	97140	97150
	Clinic, and 62-Comprehensiv	97164	97168	97530	97533
	e Outpatient	97535	97537	97542	97545
	Rehabilitation	97546	97750	97755	97760
	Facility. For	97761	97799	G0283	
	services in the	Chiropractic (only when below codes are billed with			
	home, please	AT-modifier)			
	refer to the	98940	98941	98942	
	Home Health				
	Services				
	category				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Pain management	Prior authorization required	62350 62362	62351	62360	62361
Plan exclusions: None					
Potentially unproven services (including experimental/investigational and/or linked services)	Prior authorization required	28890 64722 95966	33289 64744 C2624	36514 66180	64405 95965
Plan exclusions: None	<p>Services, including medications, determined not to be effective for treatment of a medical condition</p> <p>Services determined not to have a beneficial effect on health outcomes, due to:</p> <ul style="list-style-type: none"> Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials <p>Cohort studies in the prevailing published peer-reviewed medical literature</p>				
Private duty nursing	Prior authorization is only required for procedure T1000 for the following	12268 12405 12413 12417 12423 12429 12434 12438	12350 12406 12414 12418 12424 12430 12435 12440	12394 12407 12415 12419 12427 12431 12436 12441	12404 12408 12416 12422 12428 12433 12437 12442

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	group retiree plans only.	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
		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: None					
Radiation therapy	Prior authorization required	Image guided radiation therapy (IGRT) 77387			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Proton beam therapy (PBT) 77520 77522 77523 77525 Special/associated services 77331 77370 77399 77470 Standard radiation therapy (2D/3D) 77402 77407 77412
		<p>Prior authorization set up in the claims BaseX system on the ICD-10 diagnosis codes listed below when a standard 2D/3D radiation therapy technique is requested/utilized.</p> <p>Breast – ICD-10: C50.011-C50.929, D05.00-D05.92, C84.7A Prostate – ICD-10: C61 Bone metastases – ICD-10: C79.51-C79.52 Lung cancer – ICD-10: C34.00-C34.92</p> <p>Y90 (Implantable beta-emitting microspheres for treatment of malignant tumors) 79445</p> <p>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.</p>
Radiology Plan exclusions: UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO-SNP), (HMO-POS HMO-SNP), (PPO-SNP)	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. Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com, select the Prior Authorization and

Procedures and services		Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		<ul style="list-style-type: none"> Certain positron emission tomography (PET) scans Nuclear medicine and nuclear cardiology procedures <p>For more information, please see the Outpatient Radiology Prior Authorization Protocol for Medicare Advantage section in the 2024 UnitedHealthcare Administrative Guide.</p>	<p>Notification tab on your dashboard. Or, you can call 877-842-3210.</p> <p>For more details and the CPT codes that require notification/prior authorization, please see Radiology Prior Authorization and Notification.</p>			
Rhinoplasty		Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Plan exclusions:						
None						
Treatment of nasal functional impairment and septal deviation						
Sleep apnea procedures and surgeries	Prior authorization required	21685 42145	41512	41530	41599	
Plan exclusions:						
None						
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of	Applies to inpatient or outpatient procedures and surgeries, including, but not limited to:					

Procedures and services		Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
obstructive sleep apnea	palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies					
Spine surgery		Prior authorization required	20930 22858	20931	20939	22854
Plan exclusions:						
None						
Stereotactic Radiosurgery		Prior authorization required	77371	77372		
Stimulators	Prior authorization required	Bone growth stimulator	E0747	E0748	E0749	E0760
Plan exclusions:		Neurostimulator				
None		61850	61863	61864	61867	
Implantation of a device that sends electrical impulses		61868	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.						
Therapeutic Radiopharmaceuticals	Prior authorization required	A9513 A9615 Diagnosis Codes	A9590 A9699	A9606	A9607	
		C81.0A	C81.1A	C81.2A	C81.3A	
		C81.4A	C81.7A	C81.9A	C82.0A	
		C82.1A	C82.2A	C82.3A	C82.4A	
		C82.5A	C82.6A	C82.8A	C82.9A	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		C83.0A	C83.1A	C83.390	C83.398
		C83.3A	C83.5A	C83.7A	C83.8A
		C83.9A	C84.0A	C84.1A	C84.4A
		C84.6A	C84.7B	C84.9A	C84.AA
		C84.ZA	C85.1A	C85.2A	C85.8A
		C85.9A	C86.00	C86.01	C86.10
		C86.11	C86.20	C86.21	C86.30
		C86.31	C86.40	C86.41	C86.50
		C86.51	C86.60	C86.61	C88.00
		C88.01	C88.20	C88.21	C88.30
		C88.31	C88.40	C88.41	C88.80
		C88.81	C88.90	C88.91	D47.2
		D61.03	E34.00	T45.AX1A	T45.AX1D
		T45.AX1S	T45.AX2A	T45.AX2D	T45.AX2S
		T45.AX3A	T45.AX3D	T45.AX3S	T45.AX4A
		T45.AX4D	T45.AX4S	T45.AX5A	T45.AX5D
		T45.AX5S	T45.AX6A	T45.AX6D	T45.AX6S
		Z17.0	Z17.1	Z17.21	Z17.22
		Z17.31	Z17.32	Z17.410	Z17.411
		Z17.420	Z17.421		
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, Yescarta, Zevaskyn and Zynteglo please call 888-936-7246 or the notification number on the back of the member's health plan ID card			
Plan exclusions:		Cellular and gene therapy			
None		J3387	J3389	J3391	J3392
Organ or tissue transplant or transplant-related		J3393	J3394	J3402	Q2041
services prior to pre-treatment or evaluation		Q2042	Q2053	Q2054	Q2055
Request for transplant or transplant-related services prior to pre-treatment or evaluation		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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
		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.			
Vein procedures	Prior authorization required	37243	37799		
Plan exclusions:					
None					
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					
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.			
Plan exclusions:					
None		33927	33928	33929	33975
		33976	33979	33981	33982

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33983 *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 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.