

# 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](http://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](http://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:

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, HCFA0G-660, HCFA0H-661, HCFA0I-662, HCFA0J-663

#### 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, TX99TXDSNP1, TX99TXDSNP2, TX99TXDSNP3, TX99TXDSNP8, TX99TXDSNPP1, TX99TXDSNPP2, TX99TXDSNPP3, TX99TXDSNPP8, TX99TXDSNPQ1, TX99TXDSNPQ2, TX99TXDSNPQ3, TX99TXSNH2FW, TX99TXSNH2PW, TX99TXSNH2QW, TX99TXSNP6W, TX99TXSNP8W, TX99TXSNP6W, TX99TXSNP8W, 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

## **Virginia:**

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			
<b>Behavioral health services</b>	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.			
<b>Plan exclusions:</b>					
None					
Behavioral health services through a designated behavioral health network					
<b>Bone growth stimulator</b>	Prior authorization required	20974	20975	20979	
<b>Plan exclusions:</b>					
None					
Electronic stimulation or ultrasound to heal fractures					
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	19316	19318	19325	L8600
<b>Plan exclusions:</b>		<b>Prior authorization is not required for the following diagnosis codes:</b>			
None		C50.019	C50.011	C50.012	C50.111
Reconstruction of the breast except when following mastectomy		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
<b>Cancer supportive care</b>		Anti-emetics that require prior authorization:
<b>Plan exclusions:</b> Institutional Special Needs Plans (I-SNP)	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent(s) administered in an outpatient setting for a cancer diagnosis *Codes J1442, J1447, J9332, Q5108, Q5110, Q5111, Q5122 and Q5125 also require prior authorization for non-oncology diagnosis (Dx). See injectable medications section.	<p>Akynzeo™ (palonosetron/fosnetupitant) J1454 Cinvanti® (aprepitant) J0185 Emend® (fosaprepitant) J1453 Sustol® (gransetron extended release) J1627</p> <p>Injectable colony-stimulating factor drugs that require prior authorization:</p> <p>Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym®) Q5110* Filgrastim-sndz (Zarxio®) Q5101</p> <p>Pegfilgrastim (Neulasta®) J2506 Pegfilgrastim-apgf (Nyvepria®) Q5122* Pegfilgrastim-cbqv (Udenyca®) Q5111* Pegfilgrastim-jmdb (Fulphila®) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447* Trilaciclib (Cosela™) J1448 Filgrastim-ayow (Releuko®) Q5125*</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Cancer supportive care (cont.)</b>		<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 <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>888-397-8129</b>.</p>
<b>Cardiology</b> <p><b>Plan exclusions:</b></p> <p>UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO-SNP), (HMO-POS HMO-SNP), (PPO-SNP)</p>	<p>Prior authorization required for participating physicians for outpatient and office-based diagnostic procedures</p> <p>catheterization</p> <p>s,</p> <p>electrophysiology (EP)</p> <p>implants and stress</p> <p>echocardiograms prior to performance</p>	<p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at <a href="http://UHCprovider.com">UHCprovider.com</a>. Then, select the Prior Authorization and Notification on your dashboard.</p> <p>Or, you can call 877-842-3210.</p> <p>For more details and the list of CPT codes that require prior authorization, please visit <a href="#">Cardiology Prior Authorization and Notification</a>.</p> <p>For more information, please see the <a href="#">Cardiology</a></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.				
<b>Cardiovascular</b>	Prior	<b>Cardiology</b>			
Plan exclusions:	authorization required	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			
<b>*Prior authorization is not required for the following diagnosis codes:</b>					
		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		
<b>Cardiovascular (cont.)</b>		I70.561	I70.562	I70.563
		I70.569	I70.621	I70.622
		I70.628	I70.629	I70.631
		I70.633	I70.634	I70.635
		I70.639	I70.641	I70.642
		I70.644	I70.645	I70.648
		I70.661	I70.662	I70.663
		I70.669	I70.721	I70.722
		I70.728	I70.729	I70.731
		I70.733	I70.734	I70.735
		I70.739	I70.741	I70.742
		I70.744	I70.745	I70.748
		I70.761	I70.762	I70.763
		I70.769	I72.3	I72.4
		I72.9	I77.2	I77.70
		I77.77	I77.79	I74.3
		I74.5	I74.8	I74.9
		I75.022	I75.023	I75.029
		T82.818A	T82.868A	S81.801A
		S81.809A	S91.301A	S91.302A
		M86.051	M86.052	M86.059
		M86.062	M86.069	M86.071
		M86.079	M86.08	M86.09
		M86.10	M86.151	M86.152
		M86.161	M86.162	M86.169
		M86.172	M86.179	M86.18
		M86.20	M86.251	M86.252
		M86.261	M86.262	M86.269
		M86.272	M86.279	M86.28
		M86.30	M86.351	M86.352
		M86.361	M86.362	M86.369
		M86.372	M86.379	M86.38
		M86.40	M86.451	M86.452
		M86.461	M86.462	M86.469
		M86.472	M86.479	M86.48
		M86.50	M86.551	M86.552
		M86.561	M86.562	M86.571
		M86.579	M86.58	M86.59
		M86.651	M86.652	M86.659
		M86.662	M86.669	M86.671
		M86.679	M86.68	M86.69
		M86.8X5	M86.8X6	M86.8X7
		M86.8X9	M86.9	I96
		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	Q27.9	Q87.2	S35.511A	
		S35.512A	T82.312A	T82.318A	T82.319A	
		T82.338A	T82.392A	T82.398A	T82.399A	
		T82.898A	I73.00	I73.01	I73.1	
		I73.81				
<b>Cartilage implants</b>	Prior authorization required	27415	27416			
<b>Plan exclusions:</b>						
None						
<b>Chemotherapy</b>						
<b>Plan exclusions:</b>						
I-SNP						

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Plan exclusions:</b> None	ation required	17107 21175 21182	17108 21179 21183	17999 21180 21184	21172 21181 21230	
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Advance notification required for services, whether scheduled as inpatient or outpatient	21235 21256 21267 28344 30620	21248 21260 21268 30540 31295	21249 21261 21275 30545 31296	21255 21263 21299 30560 31297	
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		31298 67902 67908 67961	31299 67903 67909 67966	67900 67904 67912 Q2026	67901 67906 67950	
<b>Durable medical equipment (DME)</b>	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:  E0466 E2510 K0831 K0838 K0842 K0850 K0855 K0859 K0863 K0890	E0766 K0801 K0835 K0839 K0843 K0851 K0856 K0860 K0864 K0891	E1230 K0806 K0836 K0840 K0848 K0852 K0857 K0861 K0877 K0898	E1239 K0808 K0837 K0841 K0849 K0854 K0858 K0862 K0884 K0899	
<b>Plan exclusions:</b> Institutional Special Needs Plans (I- SNP)	Some payer groups may have different DME advance notification requirements for plan members through their benefit plans.	Prior authorization required only for a retail purchase or cumulative rental cost of more than \$1,000:  E0170 E0302 E0329 E0618 E0640 E0740 E0784 E1002 E1006 E1010 E1161 E1235	E0194 E0304 E0373 E0635 E0692 E0761 E0984 E1003 E1007 E1017 E1232 E1236	E0277 E0316 E0483 E0636 E0693 E0764 E0986 E1004 E1008 E1035 E1233 E1237	E0300 E0328 E0616 E0639 E0694 E0770 E0988 E1005 E1009 E1036 E1234 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
<p><b>End-stage renal disease/dialysis services</b></p> <p><b>Plan exclusions:</b> None</p> <p>Services for the treatment of end-stage renal disease (ESRD) require advance notification – includes outpatient dialysis services</p>	<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 <a href="http://UHCprovider.com">UHCprovider.com</a>. 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			
<b>Gender dysphoria treatment</b>		Prior authorization required	55970	55980		
<b>Plan exclusions:</b> None			These surgical codes, when billed with one of the following Dx codes:			
			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
<b>Home health care – Applicable to Tennessee D-SNP only</b>	Prior authorization required	S9122	S9123	S9123	T1000	
<b>Hysterectomy (abdominal and laparoscopic surgeries) – Inpatient and outpatient procedures</b>		Prior authorization required	58150	58152	58180	58541
			58542	58543	58544	58550
			58552	58553	58554	58570
<b>Plan exclusions:</b> None			58571	58572	58573	
<b>Hysterectomy (vaginal) – Inpatient only</b>	No prior authorization required for outpatient vaginal hysterectomies	58260	58262	58263	58267	
		58270	58290	58291	58292	
<b>Plan exclusions:</b> None			58294			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications</b>	Prior authorization required*	<b>Anemia</b>
Plan exclusions for therapeutic radiopharmaceuticals: Institutional Special Needs Plans (I-SNP)		J0896 – Reblozyl
		<b>Alzheimers</b>
		J0174 – Leqembi
		J0175 – Kisunla
		<b>Asthma</b>
		J2786 – Cinqair
		J0517 – Fasenra
		J2182 – Nucala
		J2356 – Tezspire
		<b>Bloody Modifying Agents</b>
		J0223 – Givlaari
		J1299 – Soliris
		J1302 – Enjaymo
		J1303 – Ultomiris
		J1307 – PiaSky
		J9332 – Vyvgart
		J9333 – Rystiggo
		J9334 – Vyvgart Hytrulo
		Q5151 – Epysqli
		Q5152 – Bkemv
		<b>Bone Density Agents</b>
		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
		<b>Botulinum Toxins</b>
		J0585 – Botox
		J0586 – Dysport
		J0587 – Myobloc
		J0588 – Xeomin
		J0589 – Daxxify
		<b>Cardiology</b>
		J1306 – Leqvio
		<b>Central Nervous System Agents</b>
		J0222 – Onpattro
		J0225 – Amvuttra
		J1301 – Radicava
		J1304 – Qalsody
		J2326 – Spinraza
		J3032 – Vyepti
		J9332 – Vyvgart
		J9333 – Rystiggo
		J9334 – Vyvgart Hytrulo
		<b>Endocrine</b>
		J0224 – Oxlumo

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Immune Globulins (IVIG, SCIG)</b>					
90283	90284	J1459	J1551		
J1552	J1554	J1555	J1556		
J1557	J1558	J1559	J1561		
J1566	J1568	J1569	J1572		
J1575	J1576	J1599			
<b>Immune Modulator</b>					
J0491 – Saphnelo					
J9038 – Niktimvo					
J1823 – Uplizna					
J9381 – Tzielid					
<b>Inflammatory Conditions</b>					
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
	<b>Infliximab</b>	
		J1745 – Remicade
	<b>Intravenous Iron Replacement</b>	
		J1437 – Monoferic
		J1439 – Injectafer
	<b>Multiple Sclerosis</b>	
		J2329 – Briumvi
		J2350 – Ocrevus
		J2351 – Ocrevus Zunovo
	<b>Ophthalmologic Agents</b>	
		J2781 – Syfovre
		J2782 – Izervay
	<b>Rare Conditions</b>	
		J1305 – Evkeeza
		J2998 – Ryplazim
		J7171 – Adzynma
	<b>Rituximab</b>	
		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
		<b>Sickle Cell Disease</b>
		J0791 – Adakveo
		<b>Tocilizumab</b>
		J3262 – Actemra
		Q5133 – Tofidience
		Q5135 – Tyenne
		<b>Vascular Endothelial Growth Factor Inhibitors (VEGF)</b>
		J0177 – Eylea HD
		J0178 – Eylea
		J0179 – Beovu
		J2777 – Vabysmo
		J2778 – Lucentis
		J2779 – Susvimo
		Q5124 – Byooviz
		Q5128 – Cimerli
		Q5147 – Pavblu
		<b>White Blood Cell Colony Stimulating Factors</b>
		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 <a href="http://uhcprovider.com">uhcprovider.com</a> . 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			

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization																												
	<p>acute inpatient services:</p> <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation facilities</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>	<p>*Peoples Health does not use Home &amp; Community Care (formerly naviHealth). Enter authorization request using the UnitedHealthcare Provider Portal.</p> <p>*AIP DSNP plans should not route to naviHealth and are serviced by the Optum PACM team</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>																												
	<p>Note: These plans are excluded from the skilled nursing facility prior authorization requirement:</p> <p>UnitedHealthcare® Nursing Home Plans</p>																													
<p><b>Non-emergency air transport</b></p> <p><b>Plan exclusions:</b></p> <p>None</p> <p>Non-urgent ambulance transportation by air between specified locations</p>	<p>Prior authorization required</p>	<p>A0430      A0431      A0435      A0436</p>																												
<p><b>Orthognathic surgery</b></p> <p><b>Plan exclusions:</b></p> <p>None</p> <p>Treatment of maxillofacial (jaw) functional impairment</p>	<p>Prior authorization required</p>	<table border="0"> <tr> <td>21120</td> <td>21121</td> <td>21122</td> <td>21123</td> </tr> <tr> <td>21125</td> <td>21127</td> <td>21141</td> <td>21142</td> </tr> <tr> <td>21143</td> <td>21145</td> <td>21146</td> <td>21147</td> </tr> <tr> <td>21150</td> <td>21151</td> <td>21154</td> <td>21155</td> </tr> <tr> <td>21159</td> <td>21160</td> <td>21188</td> <td>21193</td> </tr> <tr> <td>21194</td> <td>21195</td> <td>21196</td> <td>21198</td> </tr> <tr> <td>21199</td> <td>21206</td> <td>21210</td> <td>21215</td> </tr> </table>	21120	21121	21122	21123	21125	21127	21141	21142	21143	21145	21146	21147	21150	21151	21154	21155	21159	21160	21188	21193	21194	21195	21196	21198	21199	21206	21210	21215
21120	21121	21122	21123																											
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		
<b>Orthopedic surgeries</b>	Prior authorization required	22100	22101	22102	22110
<b>Plan exclusions:</b> U.S. Virgin Island policies 67006, 67007, 67008, 24755, 25309, 23930, 97003, 97004, 97005, 97006, 97007, 97008		22112	22114	22206	22207
Spine and joint surgeries		22210	22212	22214	22220
		22222	22224	22532	22533
		22548	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
		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
<b>Out-of-network services</b> <b>Plan exclusions:</b> None 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>Please note that your agreement with UnitedHealthcare may include restrictions directing plan members outside of the UnitedHealthcare network.</p> <p>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>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at <a href="http://UHCprovider.com">UHCprovider.com</a>, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.</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
<b>Out-of-network services (cont.)</b>	<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.																																													
<b>Outpatient therapy (PT/OT/ST, chiropractic)</b>	<p>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. For services in the home, please refer to the Home Health Services category</p> <p>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)</p>	<p>Physical, occupational and speech therapy (PT/OT/ST)</p> <table> <tbody> <tr> <td>92507</td> <td>92508</td> <td>92526</td> <td>97012</td> </tr> <tr> <td>97016</td> <td>97018</td> <td>97022</td> <td>97024</td> </tr> <tr> <td>97026</td> <td>97028</td> <td>97032</td> <td>97033</td> </tr> <tr> <td>97034</td> <td>97035</td> <td>97036</td> <td>97039</td> </tr> <tr> <td>97110</td> <td>97112</td> <td>97113</td> <td>97116</td> </tr> <tr> <td>97124</td> <td>97139</td> <td>97140</td> <td>97150</td> </tr> <tr> <td>97164</td> <td>97168</td> <td>97530</td> <td>97533</td> </tr> <tr> <td>97535</td> <td>97537</td> <td>97542</td> <td>97545</td> </tr> <tr> <td>97546</td> <td>97750</td> <td>97755</td> <td>97760</td> </tr> <tr> <td>97761</td> <td>97799</td> <td>G0283</td> <td></td> </tr> </tbody> </table> <p>Chiropractic (only when below codes are billed with AT-modifier)</p> <table> <tbody> <tr> <td>98940</td> <td>98941</td> <td>98942</td> <td></td> </tr> </tbody> </table>	92507	92508	92526	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		98940	98941	98942	
92507	92508	92526	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																																												
98940	98941	98942																																												

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Pain management</b>	Prior authorization required	62350	62351	62360	62361	
<b>Plan exclusions:</b>	None		62362			
<b>Potentially unproven services (including experimental/investigational and/or linked services)</b>	Prior authorization required	28890	33289	36514	64405	
<b>Plan exclusions:</b>	None	64722	64744	66180	95965	
		95966	C2624			

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		
<b>Prostate procedures</b>	Prior authorization required	52441	52442		
<b>Plan exclusions:</b> None					
<b>Radiation therapy</b>	Prior authorization required	77387	<b>Image guided radiation therapy (IGRT)</b>		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		<b>Proton beam therapy (PBT)</b>	77520	77522	77523
					77525
		<b>Special/associated services</b>	77331	77370	77399
					77470
		<b>Standard radiation therapy (2D/3D)</b>	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>				
	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><b>Y90 (Implantable beta-emitting microspheres for treatment of malignant tumors)</b> 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>				
<b>Radiology</b>					
<b>Plan exclusions:</b>					
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.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	<ul style="list-style-type: none"> <li>• Certain positron emission tomograph y (PET) scans</li> <li>• Nuclear medicine and nuclear cardiology procedure s</li> </ul> <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>			
<b>Rhinoplasty</b>	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Plan exclusions:</b>					
None					
Treatment of nasal functional impairment and septal deviation					
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685 42145	41512	41530	41599
<b>Plan exclusions:</b>					
None	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	20930	20931	20939
<b>Spine surgery</b>	Prior authorization required	22858			22854
<b>Plan exclusions:</b>	None		77371	77372	
<b>Stereotactic Radiosurgery</b>	Prior authorization required				
<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>	E0747	E0748	E0749
<b>Plan exclusions:</b>	None	<b>Neurostimulator</b>	61850	61863	61864
Implantation of a device that sends electrical impulses			61868	61885	61886
			63655	63685	64555
			64590	L8682	64568
			64590	L8683	

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			
<b>Transplant of tissue or organs</b>	<b>Prior authorization required</b>	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				
<b>Plan exclusions:</b>		<b>Cellular and gene therapy</b>	J3387	J3389	J3391	J3392
None		<b>Cellular and gene therapy</b>	J3393	J3394	J3402	Q2041
Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation		<b>Cellular and gene therapy</b>	Q2042	Q2053	Q2054	Q2055
Request for transplant or transplant-related services prior to pre-treatment or evaluation		<b>Cellular and gene therapy</b>	Q2056	Q2057	Q2058	
		<b>Evaluation for transplant</b>	99205			
		<b>Bone marrow harvest</b>	38240	38241	38242	
		<b>Heart/lung</b>	33930	33935		
		<b>Heart</b>	33940	33944	33945	
		<b>Lung</b>	32850	32851	32852	32853
		<b>Lung</b>	32854	32856	S2060	S2061
		<b>Kidney</b>	50300	50320	50323	50340

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		50360	50365	50370	50547
<b>Pancreas</b>					
48551	48552	48554			
<b>Liver</b>					
47135	47143	47147			
<b>Intestine</b>					
44132	44133	44135	44136		
<b>Services related to transplants</b>					
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.

<b>Vein procedures</b>	Prior authorization required	37243	37799	
<b>Plan exclusions:</b> 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				
<b>Ventricular assist devices (VAD)</b>		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.		
<b>Plan exclusions:</b> None		33927	33928	33929
		33976	33979	33981
				33975
				33982

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<p>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p>	<p>33983</p>	<p>*For Peoples Health, enter prior authorization request including CPT codes listed above, using the UnitedHealthcare Provider Portal.</p>