

UnitedHealthcare® Medicare Advantage / Peoples Health prior authorization Requirements

April 1, 2024

General information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Medicare Advantage for inpatient and outpatient services. This includes UnitedHealthcare Dual Complete and other plans listed in the following “Included Plans” section. Health plans excluded from the requirements are listed in the “Excluded Plans”

To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard.
- **Phone:** 877-842-3210

Prior authorization is not required for emergency or urgent care.

Note: If you are a network provider who is contracted directly with a delegated medical group/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 and prior authorization obtained by the treating physician. You can find more information about the referral process in the UnitedHealthcare Care Provider Administrative Guide at UHCprovider.com/guides.

The following listed plans require prior authorization for in-network services:

Included plans

Medicare plans subject to the [UnitedHealthcare West Non-Capitated Supplement](#)

Medicare Advantage HMO, HMO-POS, PPO and Regional PPO plans, including AARP Medicare Advantage, UHC The Villages Medicare Advantage, UnitedHealthcare Medicare Advantage plans for both individual and employer group members, Peoples Health

UHC Dual Complete (HMO D-SNP), (HMO-POS D-SNP), (PPO D-SNP), (Regional PPO D-SNP)

UHC Complete Care (HMO C-SNP), (HMO-POS C-SNP), (PPO C-SNP), (Regional PPO C-SNP)

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

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 UnitedHealthcare Care Provider Administrative Guide at [UHCprovider.com/guides](https://uhcprovider.com/guides). As explained in the benefit plan section, some UnitedHealthcare Dual Eligible Special Needs Plans (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 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. Delegated plans include:

Delegated plans

Arizona

- The following groups are delegated to Banner Health Network: HCFAD7-1ZH, HCFAD7-1ZI, HCFA0D-1YJ, HCFA0F-1ZN

Arizona: The following groups are delegated to OptumCare: Groups 90108, 90765, 90766, 90809, 90810, 90811, 90812, 90823, 90824, 90825, 90826, 90827, 90919, 90920, 90921, 90922, 90923, 90924, 90927, 90974, 90990, HCFA0B-1XV, HCFA0C-1XZ, HCFA0D-1YJ, HCFA0E-1YK, HCFA0F-1ZN, HCFAC9-1ZG, HCFAD7-1ZI, HCAFD7-1ZH, HCFAH4-1ZE

Colorado

- The following groups are delegated to OptumCare: Groups 90039, 90057, 90091, 90092, 90093, 90094, 90095, 90096, 90097, 90133, 90134, 90135, 90841, 90842, 90843, 90844, 90845, 90846, 90847, 90848, 90849, 90850, 90851, 90852, 90853, 90854, 90855, 90856, 90871, 90872, 90977, 90978, 90979, 90980, 90981, 90982, 90983, 90984, 91010, 91011, 91012, 91013, 91014, 91015, 91016, 91017, 91018, 91019, 91020, 91021, HCFAJ5-1XX, HCFAJ6-1XY, HCFAJ8-1YA, HCFA80-1H5, HCFA81-1K3, HCFA55-1VM, HCFA56-1D3, HCFA92-1L5, HCFA0G-1D4, HCFA0H-1E4, HCFA2S-1ZW

Connecticut

The following groups are delegated to Advantage Plus Network (OptumCare): Groups 27062, 27064, 27100, 27150, 27151, 27153, 27155, 27156, 90150, 90151, 90969, 90970

Florida

The following groups are delegated to WellMed PF: Groups 99790, 99791, 99792, 99793, 99795, 99796, 99797, 99798, 99799, 99800, 98151, 98152, 98153, 98154, 98155, 90215

Florida

The following groups are delegated to WellMed: Groups 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, 90089, 95115, 95116, 95117, 95118

Georgia

- The following groups are delegated to OptumCare: Groups 90753, 90754, 90755, 90756, 90757, 90949, 90950, 90951, 90952, 92109, 92111, 92113

Hawaii

- The following groups are delegated to MDX: Groups 90792, 90793, 90794, 90795, 90803, 90804

Idaho

- The following groups are delegated to OptumCare: Groups 38014, 44016, 90219, 90220, 90221, 90222, 90305, 90798, 90799, 90800, 90813, 90835, 90836, 90857, 90858, 90859, 90860, 90911, 90912, 90913, 92127, 92128

Indiana

- The following groups are delegated to OptumCare/American Health Network Indiana: Groups 00744, 00746, 00748, 00749, 00750, 00755, 00758, 90782, 90783, 90784, 90785, 90801, 90802, 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, 90805, 90806, 90874, 90875, 90955, 90967

Kentucky

- The following groups are delegated to OptumCare: Groups 90002, 90044, 90047, 90076, 90077, 90137, 90141, 90929, 90935, 90936, 90937, 90942, 90956, 90959

Missouri

- The following groups are delegated to OptumCare: Groups 90152, 90168, 90327, 90329, 90807, 90808, 90918, 90933, 90947, 90960, 90961, 90968, 90971, 90972, 90973, 90988, 90989, 99932, 99936

Nevada

- The following groups are delegated to OptumCare: Groups 90008, 90009, 90027, 90202, 90205, 90207, 90209, 90210, 90212, 90214, 90752, 90953, 91629, 91630, 91633, 91643, 91646, 92011, 92012, 92013

New Jersey

- The following groups are delegated to OptumCare: Groups 90068, 90069, 90071, 90072, 09100, 09102, 09103, 92014, 92016, 90330

New Mexico

- The following groups are delegated to OptumCare: Groups 17087, 38011, 38013, 38018, 90132, 90710, 90762, 90763, 90828, 90832, 90833, 90834, 90837, 90838, 90839, 90840, 90861, 90862, 90865, 90975, 90976

New Mexico

- The following groups are delegated to WellMed: Groups 90786, 90789

New York

- The following groups are delegated to OptumCare: Groups 09000, 09001, 09002, 09003, 09117, 09118, 41034, 90142, 90143, 90144, 90145, 90146, 90147, 90148, 90149, 90169, 90170, 90171, 90172, 90173, 90174, 90175, 90176, 90177, 90178, 90181, 90182, 90183, 90184, 90185, 90186, 90187, 90188, 90189, 90190, 90316, 90318, 90319, 90320, 90321, 90322, 90323, 90324, 90882, 90883, 90884, 90885, 90886, 90887, 90888, 90889

Ohio

- The following groups are delegated to OptumCare: Groups 90001, 90043, 90045, 90046, 90048, 90049, 90138, 90895, 90925, 90926, 90928, 90930, 90931, 90932, 90934, 90938, 90939, 90940, 90941, 90943, 90944, 90945, 90946, 90948, 90957, 90958, 90962, 90963, 90964, 90965, 90966

South Carolina

- The following groups are delegated to OptumCare: 90764, 90868, 90869, 90870, 90873, 90954, 90985, 90986, 90987

Texas

- The following groups are delegated to Health TX: 90713, 90715, 90719, 90721, 90730, 90770, 91635, 91637, 91640, 92122, 92124, 92142

Texas

- The following groups are delegated to WellMed: Group 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: Groups 42000, 42004, 42022, 42030, 90034, 90055, 90064, 90065, 91627, 91628, 92101, 92102

Washington

The following group are delegated to Independent Clinics of Washington: 90892, 90896, 90903, 91648, 91653, 91657, 92120

Washington: The following groups are delegated to OptumCare: Groups 90153, 90155, 90156, 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: The following groups are delegated to Seattle Medical Group: 90893, 90897, 90904, 91649, 91654, 91658, 92143

Wisconsin: The following groups are delegated to OptumCare: 90508, 90509, 90510, 90511, 90512, 90513, 90514, 90515, 90516, 90517, 90518, 90519, 90520, 90521, 90522, 90523, 90524, 90525, 90526, 90527, 90528, 90529, 90530

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 refer to the UnitedHealthcare Care Provider Administrative Guide at [UHCprovider.com/guides](https://www.uhcprovider.com/guides).

Erickson Advantage[®] Plans

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

Procedures and services	Additional information	CPT [®] or HCPCS codes and/or how to obtain prior authorization
Behavioral health services	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.
Plan exclusions: None Behavioral health services through a designated behavioral health network		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Bone growth stimulator	Prior authorization required	20974	20975		20979
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Plan exclusions:

None
Electronic stimulation or ultrasound to heal fractures

Breast reconstruction (non-mastectomy)	Prior authorization required	19316	19318	19325	L8600
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Plan exclusions:

None
Reconstruction of the breast except when following mastectomy

Prior authorization is not required for the following diagnosis codes:

C50.019	C50.011	C50.012	C50.111
C50.112	C50.119	C50.211	C50.212
C50.219	C50.311	C50.312	C50.319
C50.411	C50.412	C50.419	C50.511
C50.512	C50.519	C50.611	C50.612
C50.619	C50.811	C50.812	C50.819
C50.911	C50.912	C50.919	C50.029
C50.021	C50.022	C50.121	C50.122
C50.129	C50.221	C50.222	C50.229
C50.321	C50.322	C50.329	C50.421
C50.422	C50.429	C50.521	C50.522
C50.529	C50.621	C50.622	C50.629
C50.821	C50.822	C50.829	C50.921
C50.922	C50.929	C79.81	D05.90
D05.00	D05.01	D05.02	D05.10
D05.11	D05.12	D05.80	D05.81
D05.82	D05.91	D05.92	Z85.3
Z90.10	Z90.11	Z90.12	Z90.13
Z42.1			

Cancer supportive care Prior authorization required for

Plan exclusions:
Institutional Special Needs Plans (I-SNP)

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

Anti-emetics that require prior authorization:

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®)

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cancer supportive care (cont.)	authorization for non-oncology diagnosis (DX). See injectable medications section.	<p>J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-sndz (Zarxio®) Q5101</p> <p>Pegfilgrastim (Neulasta®) J2506</p> <p>Pegfilgrastim-apgf (Nyvepria™) Q5122*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p>Trilaciclib (Cosela™) J1448</p> <p>Filgrastim-ayow (Releuko®) Q5125*</p>
		<u>Bone-modifying agent that requires prior authorization:</u>
		Denosumab (Prolia®, Xgeva®) J0897
		<u>Antiemetic drugs</u> J1456
		<u>Colony-stimulating factors</u> J1449
		<u>Erythropoiesis-stimulating agents</u> J0885
		<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. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129.</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cardiology Plan exclusions: UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology (EP) implants and stress echocardiograms prior to performance For more information, please see the Cardiology Prior Authorization Protocol for Medicare Advantage section in the Administrative Guide.	Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com . Then, select the Prior Authorization and Notification on your dashboard. Or, you can call 877-842-3210 . For more details and the list of CPT codes that require prior authorization, please visit Cardiology Prior Authorization and Notification .

Cardiovascular	Prior authorization required	E0616	33285	Cardiology	93653	93656	
Plan exclusions: None		37220*	37221*	Vascular 37224* 37228*	37225*	37229*	
		37226*	37227*		37231*		
		37230*					

*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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		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
		T82.81	T82.86	S81.80	S81.80
		8A	8A	1A	2A
		S81.80	S91.30	S91.30	S91.30
		9A	1A	2A	9A
		M86.05	M86.05	M86.05	M86.06
		1	2	9	1
		M86.06	M86.06	M86.07	M86.07
		2	9	1	2
		M86.07			
		9	M86.08	M86.09	M86.1
			M86.15	M86.15	M86.15
		M86.10	1	2	9
		M86.16	M86.16	M86.16	M86.17
		1	2	9	1
		M86.17	M86.17		
		2	9	M86.18	M86.19
			M86.25	M86.25	M86.25
		M86.20	1	2	9
		M86.26	M86.26	M86.26	M86.27
		1	2	9	1

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		M86.27	M86.27		
		2	9	M86.28	M86.29
			M86.35	M86.35	M86.35
	M86.30	1	2	9	
	M86.36	M86.36	M86.36	M86.36	M86.37
		1	2	9	1
	M86.37	M86.37			
		2	9	M86.38	M86.39
			M86.45	M86.45	M86.45
	M86.40	1	2	9	
	M86.46	M86.46	M86.46	M86.46	M86.47
		1	2	9	1
	M86.47	M86.47			
		2	9	M86.48	M86.49
			M86.55	M86.55	M86.55
	M86.50	1	2	9	
	M86.56	M86.56	M86.57	M86.57	
		1	2	1	2
	M86.57				
		9	M86.58	M86.59	M86.60
	M86.65	M86.65	M86.65	M86.65	M86.66
		1	2	9	1
	M86.66	M86.66	M86.67	M86.67	M86.67
		2	9	1	2
	M86.67				M86.8
		9	M86.68	M86.69	X0
	M86.8	M86.8	M86.8	M86.8	M86.8
		X5	X6	X7	X8
	M86.8				L03.11
		X9	M86.9	I96	5
	L03.11				
		6	Q27.30	Q27.32	Q27.39
					S35.51
		Q27.8	Q27.9	Q87.2	1A
	S35.51	T82.31	T82.31	T82.31	T82.31
		2A	2A	8A	9A
	T82.33	T82.39	T82.39	T82.39	T82.39
		8A	2A	8A	9A
	T82.89				
		8A	I73.00	I73.01	I73.1
	I73.81				

Cartilage implants	Prior authorization required	27415	27416
Plan exclusions:			
None			

Chemotherapy	Notification required for injectable	Injectable chemotherapy drugs that require notification:
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 PCA-1-24-00243-Clinical-QRG_mmdd2024



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Plan exclusions: I-SNP	chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	<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 <p>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.</p>			
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					
Cosmetic and reconstructive procedures	Prior authorization required	11960 15822 15877 17107	11971 15823 15878 17108	15820 15830 15879 17999	15821 15847 17106 21172
Plan exclusions: None 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	21175 21182 21235 21256 21267 21740 30540 31295	21179 21183 21248 21260 21268 21742 30545 31296	21180 21184 21249 21261 21275 21743 30560 31297	21181 21230 21255 21263 21299 28344 30620 31298
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		31299 67903 67909 67966	67900 67904 67912 Q2026	67901 67906 67950	67902 67908 67961
Durable medical equipment (DME)	Prosthetics are not DME for UnitedHealthcare Medicare	Prior authorization required regardless of billed amount:			
		E0466 E2510 K0831	E0766 K0801 K0835	E1230 K0806 K0836	E1239 K0808 K0837

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Plan exclusions: Institutional Special Needs Plans (I-SNP)	Advantage plan members – see	K0838	K0839	K0840	K0841
	prosthetics and orthotics.	K0842	K0843	K0848	K0849
	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	K0850	K0851	K0852	K0854
	Home health care services.	K0855	K0856	K0857	K0858
	Some payer groups may have different DME advance notification requirements for plan members through their benefit plans.	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
		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
		E1399	K0108	K0455	K0730
	For UnitedHealthcare Medicare Advantage plans:				
	Power mobility devices/accessories and lymphedema pumps require notification or prior authorization regardless of the cost.				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<p>End-stage renal disease/dialysis services</p> <p>Plan exclusions: None 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 UHCprovider.com. After you sign in, select the Prior Authorization and Notification on your dashboard. Or, you can call 877-842-3210.</p>			
<p>Gender dysphoria treatment</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p>	<p>55970</p>	<p>55980</p>	<p>These surgical codes, when billed with one of the following DX codes:</p>	
		<p>F64.0</p>	<p>F64.1</p>	<p>F64.2</p>	<p>F64.8</p>
		<p>F64.9</p>	<p>Z87.890</p>		
		<p>14000</p>	<p>14001</p>	<p>14041</p>	<p>15734</p>
		<p>15738</p>	<p>15750</p>	<p>15757</p>	<p>15758</p>
		<p>15775</p>	<p>15776</p>	<p>15780</p>	<p>15781</p>
		<p>15782</p>	<p>15783</p>	<p>15788</p>	<p>15789</p>
		<p>15792</p>	<p>15793</p>	<p>19303</p>	<p>21899</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment (cont.)		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	S9124	S9124
Home health care – Managed by Home and Community Care (formerly naviHealth)	Prior authorization is only required for members residing in and receiving services in Alaska, Alabama, Arkansas, California, Colorado, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Nebraska, New Mexico, Nevada, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee**, Texas, Utah, Virginia, Washington, Wisconsin and Wyoming	99503	99505	G0151	G0152
		G0153	G0155	G0156	G0157
		G0158	G0159	G0160	G0161
		G0162	G0299	G0300	G0493
		G0494	G0495	G0496	G2168
		G2169	S9127	S9128	S9129
		S9131	S9474		
		To submit or check the status of a home health authorization request for skilled nursing, physical therapy, occupational therapy, speech therapy, social work or home health aide, please use nH Access at access.navihealth.com . Or, you can fax the information to 888-815-1808. For questions, please call 855-851-1127.			
		*Peoples Health does not use Home and Community Care (formerly naviHealth). Enter authorization request through UHCprovider.com			
		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 .			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Home health care – Managed by Home and Community Care (formerly naviHealth) (cont.)	**See above for Tennessee D-SNP requirements NOTE: This requirement does not apply to Florida D-SNP				
Hysterectomy (abdominal and laparoscopic surgeries) – Inpatient and outpatient procedures	Prior authorization required	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570
Plan exclusions: None					
Hysterectomy (vaginal) – Inpatient only	No prior authorization required for outpatient vaginal hysterectomies	58260 58270 58294	58262 58290	58263 58291	58267 58292
Plan exclusions: None					
Injectable medications	Prior authorization required*	Adakveo® J0791			
Plan exclusions for therapeutic radiopharmaceuticals: Institutional Special Needs Plans (I-SNP)		Aduhelm™ J0172			
		Amvuttra™ J0225			
		Botulinum toxins J0585	J0586	J0587	J0588
		Briumvi® J2329			
		Crysvita® J0584			
		Enjaymo® J1302			
		Entyvio™ J3380			
		Evkeeza™ J1305			
		Givlaari® J0223			

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

Hemgenix®
J1411

Immune globulins (IVIG, SCIG)

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

Injectable medications – Unclassified

C9399 J3490 J3590

Korsuva®
J0879

Krystexxa®
J2507

Leqembi®
J0174

Leqvio®
J1306

Luxturna™
J3398

Nexviazyme®
J0219

Ocrevus™
J2350

Onpattro™
J0222

Orencia™
J0129

Oxlumo™
J0224

Panzyga®
J1576

Qalsody™
J1304

Radicava®
J1301

Reblozyl®
J0896

Ryplazim®

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PCA-1-24-00243-Clinical-QRG_mmdd2024



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J2998			
		Rystiggo™			
		J9333			
		Saphnelo™			
		J0491			
		Skyrizi®			
		J2327			
		Soliris			
		J1300			
		Spevigo®			
		J1747			
		Spinraza™			
		J2326			
		Syfovre®			
		J2781			
		Tepezza®			
		J3241			
		Tezspire™			
		J2356			
		Therapeutic radiopharmaceuticals*			
		A9513	A9590	A9606	A9607
		A9699			
		Tzield®			
		J9381			
		Unclassified and temporary codes**			
		C9151	C9157	C9162	C9167
		C9168	C9399	J3490	J3590
		Ultomiris™			
		J1303			
		Uplizna®			
		J1823			
		Vabysmo®			
		J2777			
		Vyepti®			
		J3032			
		Vyvgart™			
		J9332			
		Vyvgart Hytrulo™			
		J9334			

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

Zolgensma®
J3399

* 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**.

**For unclassified and temporary codes C9151, C9157, C9162, C9167, C9168, C9399, J3490 and J3590, notification/prior authorization is only required for Adzynma, Omvoh, Roctavian

Injectable medications – Step therapy	Prior authorization required	Bone density agents			
		J3111	J0897		
Plan exclusions:		Colony-stimulating factors**			
Non-employer group Medicare Advantage		J1442	J1447	J1449	Q5108
• Erickson Advantage® plans: H5652-001 through H5652-008		Q5110	Q5120	Q5122	Q5125
• UnitedHealthcare Medicare Direct PFFS		Q5127	Q5130		
• Certain UnitedHealthcare Dual Complete plans:		Compliment Inhibitors – Ophthalmologic Use			
– Arizona: H0321-004		J2782			
– District of Columbia: H2228-045		Erythropoiesis-stimulating agents			
– Minnesota: H7778-001, H7778-002		J0885			
– New Jersey: H3113-005		Gene therapy			
– New York: H3387-013		J1413		J3401	
– Tennessee: H0251-004		Hyaluronic acid polymers (FDA approved as medical devices)			
		J7320	J7321	J7322	J7323
		J7324	J7326	J7327	J7329
		J7331	J7332		
		Immunomodulators			
		J1745	Q5104		
		Intravenous Iron Products			
		J1437	J1439		
		Rituximab			
		J9311	J9312	Q5123	
		Vascular Endothelial Growth Factor (VEGF) Inhibitors			
		J0177	J0178	J0179	J2777
		J2778	J2779	Q5124	Q5128

**For codes J1442, J1447, Q5108 and Q5110, Q5111, Q5122 prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see cancer supportive care section above.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications – Step therapy (cont.)		
Plan exclusions:		
Non-employer group Medicare Advantage		
	<ul style="list-style-type: none"> – Virginia: H7464-005 	
	<ul style="list-style-type: none"> • UnitedHealthcare Connected plans (Medicare and UnitedHealthcare Community Plans (Medicaid)) <ul style="list-style-type: none"> – Massachusetts: H9239-001 – Ohio: H2531-001 – Texas: H7833-001 • UnitedHealthcare Senior Care Options in Massachusetts: H2226-001, H2226-003 	
Employer Group Medicare Advantage:		
	<ul style="list-style-type: none"> • All Group HMO plans • Select Group PPO plans: <ul style="list-style-type: none"> – Navistar: H2001-869 – Johnson & Johnson: H2001-869 – Bristol-Myers Squibb: H2001-869 – Verizon: H2001-869 – United Auto Workers (UAW) Trust: H2001-875 – U.S. Government of the Virgin Islands 	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications – Step therapy (cont.) Plan exclusions: Non-employer group Medicare Advantage <ul style="list-style-type: none"> – (USGVI): H2001-859, H2001-868 		
Inpatient admission	Notification required	
Inpatient admissions – Post-acute services Plan exclusions: None	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities <p>Note: These plans are excluded from the skilled nursing facility prior authorization requirement:</p> <ul style="list-style-type: none"> • UnitedHealthcare® Nursing Home Plans 	Home and Community Care (formerly naviHealth) manages prior authorization for in-scope membership. Phone: 855-851-1127 Fax: 844-244-9482 <p style="color: red;">*Peoples Health does not use Home and Community Care (formerly naviHealth). Enter authorization request through UHCprovider.com</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			
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
		21125	21127	21141	21142
Plan exclusions:		21143	21145	21146	21147
None		21150	21151	21154	21155
Treatment of maxillofacial (jaw) functional impairment		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247		
Orthotics	Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000				
Plan exclusions:					
None					
Orthopedic surgeries	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
Plan exclusions:		22210	22212	22214	22220
US Virgin Island policies		22222	22224	22532	22533
67006, 67007,		22548	22551	22554	22556
67008, 24755, 25309,		22558	22590	22595	22600
23930, 97003, 97004,		22610	22612	22630	22633
97005, 97006, 97007,		22800	22802	22804	22808
97008		22810	22812	22818	22819
Spine and joint surgeries		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	27445

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthopedic surgeries (cont.)		27446	27447	27486	27487
		27700	29834	29837	29838
		29840	29844	29845	29846
		29847	29866	29867	29868
		29891	29892	29894	29895
		29897	29898	29899	29914
		29915	29916	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63051	63055
		63056	63064	63075	63077
		63081	63085	63087	63090
		63101	63102	63170	63172
		63173	63185	63190	63191
		63197	63200	0200T	0201T

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**.

Out-of-network services 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.

Plan exclusions: None
A recommendation from a network physician or health care professional to a hospital, physician or other health care professional who isn't contracted with UnitedHealthcare

Advance notification is required for Medicare Advantage plan members in the

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Out-of-network services (cont.)

following circumstances:

A network physician or health care professional directs a member to an out-of-network facility, physician or other health care professional and the member's benefit plan doesn't include benefits for out-of-network services.

A network physician or health care professional directs a member to an out-of-network facility, physician or other health care professional and the member's benefit plan includes benefits for out-of-network services – but there are no available in-network health care professionals for the type of specialty services needed.

A network physician or health care professional requests in-network cost sharing or benefit level because there aren't in-

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Out-of-network services (cont.)	network health care professionals for the type of specialty services needed.				
Outpatient therapy (PT/OT/ST, chiropractic)	Prior authorization is required for contracted health care professionals in Arkansas, Georgia, New Jersey and South Carolina	Physical, occupational and speech therapy (PT/OT/ST)			
		92507	92508	92521	92522
		92523	92524	92526	92626
		92627	96105	97012	97016
		97018	97022	97024	97026
		97028	97032	97033	97034
		97035	97036	97039	97110
		97112	97113	97116	97124
		97139	97140	97150	97161
		97162	97163	97164	97165
		97166	97167	97168	97530
		97533	97535	97537	97542
		97545	97546	97750	97755
		97760	97761	97799	G0129
		G0281	G0282	G0283	
		Chiropractic			
		98940	98941	98942	
		Optum health care professionals: For authorization in Arkansas, Georgia, New Jersey and South Carolina, please submit requests online at optumhealthphysicalhealth.com or call 800-873-4575.			
		UHC health care professionals: For authorization in Arkansas, Georgia, New Jersey and South Carolina, use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com . After signing in, select the Prior Authorization and Notification tab on your dashboard. Or you can call 866-416-6594 .			
Pain management	Prior authorization required	62350	62351	62360	62361
		62362			
Plan exclusions:					
None					
Potentially unproven services (including experimental/investigational and/or linked services)	Prior authorization required	28890	33289	36514	64405
		64722	64744	66180	95965
		95966	C2624		
Plan exclusions:					
None	Services, including medications, determined not to be effective for treatment of a medical condition				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Potentially unproven services (including experimental/ investigational and/or linked services) (cont.)	<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 group retiree plans only.	12268	12350	12394	12404
		12405	12406	12407	12408
		12413	12414	12415	12416
		12417	12418	12419	12422
		12423	12424	12427	12428
		12429	12430	12431	12433
		12434	12435	12436	12437
		12438	12440	12441	12442
		12443	12444	12445	12446
		12826	12834	12835	12840
		12986	12987	12988	13295
		13296	13353	13354	13355
		13464	13465	13466	13467
		13470	13483	13517	13518
		13519	13522	13523	13546
		13711	13804	13850	13852
		13875	13895	13896	15304
		15305	15306	15307	15330
		15331	15336	15337	15375
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Private duty nursing (cont.)		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					
Prosthetics	Prior authorization required only for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000	L5301 L5987	L5856	L5968	L5981
Plan exclusions: None					
Radiation therapy	Prior authorization required	Image guided radiation therapy (IGRT)			
		77014	77387	G6001	G6002
		G6017			
		Prostate spacer			
		55874			
		Proton beam therapy (PBT)			
		77520	77522	77523	77525
		Special/associated services			
		77331	77370	77399	77470
		Standard radiation therapy (2D/3D)			
		77401	77402	77407	77412
		G6003	G6004	G6005	G6006
		G6007	G6008	G6009	G6010

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Radiation therapy (cont.)		<p>G6011 G6012 G6013 G6014</p> <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 at UHCprovider.com. After you sign in, select the Prior Authorization and Notification on your dashboard. Or, you can call 877-842-3210.</p>

<p>Radiology</p> <p>Plan exclusions: UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)</p>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <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 Administrative Guide.</p>	<p>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.</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> <p>For more details and the CPT codes that require notification/prior authorization, please see Radiology Prior Authorization and Notification.</p>
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Rhinoplasty	Prior authorization required	30400 30435	30410 30450	30420 30460	30430 30462
Plan exclusions: None Treatment of nasal functional impairment and septal deviation		30465			
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 obstructive sleep apnea	Applies to inpatient or outpatient procedures and surgeries, including, but not limited to: 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					
Stimulators	Prior authorization required		Bone growth stimulator		
Plan exclusions: None Implantation of a device that sends electrical impulses		E0747 61850 61868 63655 64590	E0748 61863 61885 63685 L8682	E0749 61864 61886 64555 L8683	E0760 61867 63650 64568

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Therapeutic radiology services	Prior authorization required	Intensity-modulated radiation therapy (IMRT)			
		77385	77386	G6015	G6016
Plan exclusions: None		Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT)			
		77371	77372	77373	G0339
		G0340			
Transplant of tissue or organs	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi®, Carvykti™ (Ciltacabtagene Autoleucel), Kymriah™ (tisagenlecleucel), Skysona® (elivaldogene autotemcel) Tecartus™ (brexucabtagene autoleucel), Yescarta™ (axicabtagene ciloleucel) and Zynteglo® (betibeglogene autotemcel) please call the Optum Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
Plan exclusions: None Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation Request for transplant or transplant-related services prior to pre-treatment or evaluation		Evaluation for transplant			
		99205			
		Bone marrow harvest			
		38240	38241	38242	
		Heart/lung			
		33930	33935		
		Heart			
		33940	33944	33945	
		Lung			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		Kidney			
		50300	50320	50323	50340
		50360	50365	50370	50547
		Pancreas			
		48551	48552	48554	
		Liver			
		47135	47143	47147	
		Intestine			
		44132	44133	44135	44136
		Services related to transplants			
		32855	33933	38208	38209
		38210	38212	38213	38214

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplant of tissue or organs (cont.)		38215	38232*	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
CAR T-cell therapy					
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056		

*Code 38232 will only require prior authorization for an oncology diagnosis.

Temporary and unclassified

C9399* J3490* J3590*

*For unclassified code C9399, J3490 and J3590, notification/prior authorization is required for Casgevy, Lantidra, Lyfgenia, Skysona and Zynteglo

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**.

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 the notification number on the back of the member's health plan ID card.			
		33927	33928	33929	33975
Plan exclusions:		33976	33979	33981	33982
None					
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 authorization request including CPT codes listed above, through UHCprovider.com					
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 .					

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