

UnitedHealthcare Medicare Advantage Prior Authorization Requirements

December 1, 2022

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” section on Page 2.

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 2021 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[®], UnitedHealthcare[®] The Villages[®] Medicare Advantage[®], UnitedHealthcare[®] Medicare Advantage[®] plans for both individual and employer group members, UnitedHealthcare Medicare Gold and Silver plans

UnitedHealthcare Dual Complete[®] (HMO D-SNP), (HMO-POS D-SNP), (PPO D-SNP), (Regional PPO D-SNP)

UnitedHealthcare[®] Chronic Complete (CSNP)

UnitedHealthcare[®] Nursing Home and UnitedHealthcare[®] Assisted Living Plans (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 subject to an additional manual, as further described in the benefit plan section of the 2022 UnitedHealthcare Care Provider Administrative Guide at 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 OptumCare: AARP Medicare Advantage Choice Plan 1 (PPO) Groups - 92003, 92004; AARP Medicare Advantage Choice Plan 2 (PPO) Groups - 90024, 92007; AARP Medicare Advantage Patriot (PPO) Groups - 92008, 92015; AARP Medicare Advantage Plus (HMO-POS) Groups - 90108, 90109; AARP Medicare Advantage Walgreens Plan 1 (PPO) Groups - 90021, 92001, 92002; AARP Medicare Advantage Walgreens Plan 2 (PPO) Groups - 92005, 92006, 92009; AARP Medicare Advantage Walgreens Plan 3 (PPO) Group - 92010

Colorado: The following groups are delegated to OptumCare: AARP Medicare Advantage Choice Plan 1 (PPO) - Groups 90091, 90092, 90093, 90094; AARP Medicare Advantage Choice Plan 2 (PPO) - Groups 90097, 90133, 90134, 90135; AARP Medicare Advantage Choice Plan 3 (PPO) - Groups 90039, 90057; AARP Medicare Advantage Walgreens (PPO) - Groups 90095, 90096,

Connecticut: The following groups are delegated to OptumCare: AARP Medicare Advantage Choice (Regional PPO) – Groups 90150, 90151; AARP Medicare Advantage Walgreens (PPO) Group - 90125; UnitedHealthcare Dual Complete (PPO D-SNP) Groups - 09116; UnitedHealthcare Medicare Advantage Patriot (HMO) Groups - 27155, 27156; UnitedHealthcare Medicare Advantage Plan 1 (HMO) Groups - 27062, 27151; UnitedHealthcare Medicare Advantage Plan 2 (HMO) Groups - 27064, 27153; UnitedHealthcare Medicare Advantage Plan 3 (HMO) Groups - 27100, 27150

Florida: The following groups are delegated to WellMed Pf: Preferred Care Networks (formerly-Medica HealthCare Plans) : MedicareMax (HMO) Groups - 98151; 98152; Preferred Care Networks (formerly-Medica HealthCare Plans) MedicareMax Plus 1 (HMO D-SNP) Groups - 98153, 98154, 98155; MedicareMax Plus 2 (HMO D-SNP) Groups 90163, 98157; Preferred Choice Broward (HMO) Group - 99791; Preferred Choice Dade (HMO) Group - 99790; Preferred Choice Palm Beach (HMO) Group - 99797; Preferred Complete Care (HMO) Group - 98156; Preferred Medicare Assist Palm Beach (HMO D-SNP) Groups - 99798, 99799, 99800; Preferred Medicare Assist Plan 1 (HMO D-SNP) Groups - 99792, 99793, 99796; Preferred Medicare Assist Plan 2 (HMO D-SNP) Groups - 90030, 90061; Preferred Special Care Miami-Dade (HMO C-SNP) Group - 99795

Florida: The following groups are delegated to WellMed: AARP Medicare Advantage (HMO) Groups - 82969, 90028; AARP Medicare Advantage (HMO-POS) Groups - 82958, 82960, 82977, 82978, 82980, 90073, 90078, 90079; AARP Medicare Advantage Choice (PPO) Groups - 70342, 70343, 70344, 70345, 70346, 70347, 70348, 80192, 80193, 80194, 90086, 90089; AARP Medicare Advantage Choice Plan 2 (Regional PPO) Group - 72811; AARP Medicare Advantage Focus (HMO-POS) Groups - 70341, 82970; AARP Medicare Advantage Patriot (Regional PPO) Group - 72790; AARP Medicare Advantage Plan 2 (HMO) Group - 82962; UnitedHealthcare Medicare Advantage Walgreens (HMO C-SNP) Groups - 95115, 95116, 95117, 95118; UnitedHealthcare The Villages Medicare Advantage (HMO) Group - 82940

Hawaii: The following groups are delegated to MDX: AARP Medicare Advantage Choice (PPO) Groups - 77026; 77027; AARP Medicare Advantage Choice Plan 1 (PPO) Groups - 77000, 77007; AARP Medicare Advantage Choice Plan 2 (PPO) Groups - 77024, 77025; AARP Medicare Advantage Patriot (PPO) Groups - 77003, 77008

Indiana: The following groups are delegated to OptumCare/American Health Network Indiana: AARP Medicare Advantage Choice (PPO) Groups - 90103, 90105, 90106; AARP Medicare Advantage Choice Plan 1 (PPO) Groups - 67026, 67030, 67034, 90101, 90102; AARP Medicare Advantage Choice Plan 2 (PPO) Groups - 90126, 90127, 90128, 92018, 92019, 92020, 92021; AARP Medicare Advantage Focus (PPO) Groups - 74000; AARP Medicare Advantage Patriot (PPO) Group - 90041; AARP Medicare Advantage (HMO-POS) Groups - 00744, 00745, 00748, 00749, 00750, 00751, 00755, 00756, 00758, 00761, 00762; AARP Medicare Advantage Profile (HMO-POS) Group - 00746; UnitedHealthcare Dual Complete (PPO D-SNP) Group- 90006

Delegated Plans (continued)

Kentucky: The following groups are delegated to WellMed: AARP Medicare Advantage Choice – Group 90137; AARP Medicare Advantage Patriot (PPO) Group - 90002, 90141; AARP Medicare Advantage Plan 1 (HMO) – Group 90076; AARP Medicare Advantage Plan 2 (HMO) Groups - 90047, 90077; AARP Medicare Advantage Plan 3 (HMO) Group - 90044; AARP Medicare Advantage Plan 6 (HMO) – Group 90075; AARP Medicare Advantage Walgreens (PPO) – Group 90139

Nevada: The following groups are delegated to Intermountain Healthcare Group (IHC): UnitedHealthcare Dual Complete (HMO D-SNP) Group - 90011

Nevada: The following groups are delegated to OptumCare: AARP Medicare Advantage Choice (PPO) Groups - 90025, 92011; AARP Medicare Advantage Patriot (PPO) Group- 92012; AARP Medicare Advantage Walgreens Plan 2 (PPO) Groups - 90027, 92013; UnitedHealthcare Dual Complete (HMO D-SNP) Groups - 90008,90009

New Jersey: The following groups are delegated to OptumCare: AARP Medicare Advantage Choice (PPO) Groups - 92014, 92016; AARP Medicare Advantage Patriot (HMO) Group - 09101; AARP Medicare Advantage Plan 1 (HMO) Groups - 90066, 90067; AARP Medicare Advantage Plan 2 (HMO) Groups - 09102, 09103; AARP Medicare Advantage Plan 3 (HMO) Groups - 90068, 90069; AARP Medicare Advantage Plan 4 (HMO) Groups - 90071, 90072

New Mexico: The following groups are delegated to OptumCare: AARP Medicare Advantage (HMO) Groups - 17087, 38011, 38013, 38018; AARP Medicare Advantage Choice (PPO) Groups - 79718, 79735; AARP Medicare Advantage Choice Plan 1 (PPO) – Groups 90035, 90036, 90036, 90038; AARP Medicare Advantage Choice Plan 2 (PPO) – Groups 79710, 79711; AARP Medicare Advantage Patriot (PPO) Group - 74062; UnitedHealthcare Medicare Advantage Assure (PPO) – Group 77016; UnitedHealthcare Chronic Complete Assure (PPO C-SNP) – Group 90132

New Mexico: The following groups are delegated to WellMed: AARP Medicare Advantage Choice (PPO) Groups - 79718, 79735

New York: The following groups are delegated to OptumCare: AARP Medicare Advantage Value Care (PPO) - Groups 09117, 09118; UnitedHealthcare Medicare Advantage Choice Plan 1 (Regional PPO) - Groups 90142, 90143; UnitedHealthcare Medicare Advantage Choice Plan 3 (Regional PPO) - Groups 90146, 90147; UnitedHealthcare Medicare Advantage Choice Plan 4 (Regional PPO) - Groups 90148, 90149; UnitedHealthcare Medicare Advantage Patriot (Regional PPO) - Groups 90144, 90145

Ohio: The following groups are delegated to OptumCare: AARP Medicare Advantage Choice (PPO) Groups - 90049, 90136; AARP Medicare Advantage Choice Plan 4 (PPO) – Group 92017; AARP Medicare Advantage Patriot (PPO) Group - 90001; AARP Medicare Advantage Plan 1 (HMO) Group - 90007; AARP Medicare Advantage Plan 2 (HMO) Groups - 90046, 90048; AARP Medicare Advantage Plan 3 (HMO) Group - 90045; AARP Medicare Advantage Plan 5 (HMO) Group - 90043; AARP Medicare Advantage Plan 6 (HMO) Group – 90074; AARP Medicare Advantage Plan 7 (HMO) Group - 90005; AARP Medicare Advantage Plan 8 (HMO) Group - 90063

Oregon: The following groups are delegated to OptumCare: AARP Medicare Advantage Choice (PPO) - Groups 90081, 90082; AARP Medicare Advantage Patriot (PPO) - Group 90085; AARP Medicare Advantage Walgreens (PPO) - Groups 90083, 90084

Delegated Plans (continued)

Texas: The following groups are delegated to WellMed: AARP Medicare Advantage (HMO) Groups - 00300, 00304, 00306, 00309; AARP Medicare Advantage Ally (HMO-POS) Group – 90129; AARP Medicare Advantage Choice (PPO) Groups - 17063, 17064, 17065, 17066, 72806, 72807, 72814, 72815, 79717, 79730, 90112, 90113, 90114, 90115; AARP Medicare Advantage Patriot (HMO-POS) Groups - 00308, 96000; AARP Medicare Advantage Plan 1 (HMO) Groups - 90122, 90123; AARP Medicare Advantage Plan 2 (HMO) Groups - 90116, 90117; AARP Medicare Advantage Walgreens (PPO) Groups - 90110, 90111; UnitedHealthcare Chronic Complete (HMO C-SNP) Groups - 90118, 90119, 90120, 90121; UnitedHealthcare Dual Complete (HMO D-SNP) Group - 00305; 90032; TX99TXDSNPF1, TX99TXDSNPF2, TX99TXDSNPF3, TX99TXDSNPP1, TX99TXDSNPP2, TX99TXDSNPP3, TX99TXSNPH2F, TX99TXSNPH2P; UnitedHealthcare Dual Complete Focus (HMO D-SNP) Group - 00310, 90029; UnitedHealthcare Dual Complete Plan 1 (HMO D-SNP) Groups - 00303, 00307, 90031, 90165; UnitedHealthcare Dual Complete Plan 2 (HMO D-SNP) Group - 00012, 90166; UnitedHealthcare Medicare Gold (Regional PPO C-SNP) Group - 99951; UnitedHealthcare Dual Complete Choice (Regional PPO D-SNP) Group – 99952; UnitedHealthcare Medicare Advantage Choice (Regional PPO) Group – 99955; UnitedHealthcare Medicare Silver (Regional PPO C-SNP) Group – 99950; UnitedHealthcare Gold (Regional PPO C-SNP) Group – 99954; UnitedHealthcare Medicare Advantage Choice (Regional PPO) Group – 99953. UnitedHealthcare Chronic Complete Ally (HMO-POS C-SNP) – 90130; UnitedHealthcare Dual Complete Ally (HMO D-SNP) Group – 90131, 90164; UnitedHealthcare Dual Complete Choice Premier (PPO D-SNP) Groups – TX99TXSNPF1W, TX99TXSNPP1W.

Utah: The following groups are delegated to OptumCare: AARP Medicare Advantage Choice (PPO) Group - 90034; AARP Medicare Advantage Patriot (HMO) Group - 42004; AARP Medicare Advantage Plan 1 (HMO) Group - 42000; AARP Medicare Advantage Plan 2 (HMO) Group - 42022; AARP Medicare Advantage Walgreens (HMO) Group - 42030; UnitedHealthcare Medicare Advantage Assist (HMO C-SNP) Group - 90055; UnitedHealthcare Dual Complete Choice (PPO D-SNP) Groups – 90064, 90065

Washington: The following groups are delegated to OptumCare: AARP Medicare Advantage Choice (PPO) - Groups 90157, 90158, 90161, 90162; AARP Medicare Advantage Choice Plan 1 (PPO) - Groups 90159, 90160; AARP Medicare Advantage Choice Plan 2 (PPO) - Group 90059; AARP Medicare Advantage Patriot (HMO) - Group 90058; AARP Medicare Advantage Plan 1 (HMO-POS) - Groups 90153, 90154; AARP Medicare Advantage Plan 2 (HMO-POS) - Group 90155; AARP Medicare Advantage Patriot (HMO-POS) - Group 90156

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 2020 UnitedHealthcare Care Provider Administrative Guide at [UHCprovider.com/guides](https://www.uhcprovider.com/guides).

Erickson Advantage[®] Plans

UnitedHealthcare Medicare DirectSM (PFFS)

For the Medica and Preferred Care Partners of Florida groups above, please refer to the Preferred Care Networks (formerly Medica HealthCare Plans) and Preferred Care Partners for Prior Authorization Requirements, located at [UHCprovider.com/priorauth](https://www.uhcprovider.com/priorauth) > Advance Notification and Plan Requirement Resources > Plan Requirement Resources.

Other benefit plans such as Medicaid, CHIP and Uninsured that aren't Medicare Advantage plans.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Behavioral health services Plan exclusions: None Behavioral health services through a designated behavioral health network	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
Bone growth stimulator Plan exclusions: None Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
Breast reconstruction (non-mastectomy) Plan exclusions: None Reconstruction of the breast except when following mastectomy	Prior authorization required	11920 19318 19340 19361 19369 19396	11921 19325 19342 19364 19370 L8600	11922 19328 19350 19367 19371	19316 19330 19357 19368 19380
<p>Prior authorization is not required for the following diagnosis codes:</p>					
C50.019 C50.011 C50.012 C50.111 C50.112 C50.119 C50.211 C50.212 C50.219 C50.311 C50.312 C50.319 C50.411 C50.412 C50.419 C50.511 C50.512 C50.519 C50.611 C50.612 C50.619 C50.811 C50.812 C50.819 C50.911 C50.912 C50.919 C50.029 C50.021 C50.022 C50.121 C50.122 C50.129 C50.221 C50.222 C50.229 C50.321 C50.322 C50.329 C50.421 C50.422 C50.429 C50.521 C50.522 C50.529 C50.621 C50.622 C50.629 C50.821 C50.822 C50.829 C50.921 C50.922 C50.929 C79.81 D05.90 D05.00 D05.01 D05.02 D05.10 D05.11 D05.12 D05.80 D05.81 D05.82 D05.91 D05.92 Z85.3 Z90.10 Z90.11 Z90.12 Z90.13 Z42.1					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer Supportive Care Plan exclusions: Institutional Special Needs Plans (ISNP)	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, Q5108, Q5110, Q5111, and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below .	<p><u>Anti-emetics that require prior authorization:</u></p> <p>Akynzeo® (palonosetron/fosnetupitant) J1454</p> <p>Cinvanti™ (aprepitant) J0185</p> <p>Emend® (fosaprepitant) J1453 - - -</p> <p>Sustol® (granisetron extended release) J1627</p> <p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Filgrastim (Neupogen®) 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-bmez (Ziextenzo®) Q5120</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><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Prolia®, Xgeva®) J0897</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Cancer Supportive Care (continued)		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. Or, call 888-397-8129 .
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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.	For prior authorization, please submit requests online by using 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. Or, call 866-889-8054 . For more details and the CPT® codes that require prior authorization, please visit UHCprovider.com/priorauth > Cardiology .
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Cardiovascular Plan exclusions: None	Prior authorization required	<table border="1"> <thead> <tr> <th colspan="4">Cardiology</th> </tr> </thead> <tbody> <tr> <td>E0616</td> <td>33285</td> <td>93653</td> <td>93656</td> </tr> <tr> <th colspan="4">Vascular</th> </tr> <tr> <td>37220</td> <td>37221</td> <td>37224</td> <td>37225</td> </tr> <tr> <td>37226</td> <td>37227</td> <td>37228</td> <td>37229</td> </tr> <tr> <td>75710*</td> <td>75716*</td> <td></td> <td></td> </tr> </tbody> </table>	Cardiology				E0616	33285	93653	93656	Vascular				37220	37221	37224	37225	37226	37227	37228	37229	75710*	75716*		
Cardiology																										
E0616	33285	93653	93656																							
Vascular																										
37220	37221	37224	37225																							
37226	37227	37228	37229																							
75710*	75716*																									

*Prior authorization required for the following diagnosis codes:

E08.51	E08.52	E08.59	E08.621
E09.51	E09.52	E09.59	E09.621
E10.51	E10.52	E10.59	E10.621
E11.51	E11.52	E11.59	E11.621
E13.51	E13.52	E13.59	E13.621
I70.201	I70.202	I70.203	I70.208
I70.209	I70.211	I70.212	I70.213
I70.218	I70.219	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	I70.291
I70.292	I70.293	I70.298	I70.299
I70.301	I70.302	I70.303	I70.308

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		170.309	170.311	170.312	170.313
		170.318	170.319	170.321	170.322
		170.323	170.329	170.331	170.332
		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.391	170.392	170.393
		170.399	170.401	170.402	170.403
		170.408	170.409	170.411	170.412
		170.413	170.418	170.421	170.422
		170.423	170.428	170.429	170.431
		170.432	170.433	170.434	170.435
		170.438	170.439	170.441	170.442
		170.443	170.444	170.445	170.448
		170.449	170.461	170.462	170.463
		170.468	170.469	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		170.621	170.622	170.623	170.628
		170.629	170.631	170.632	170.633
		170.634	170.635	170.638	170.639
		170.641	170.642	170.643	170.644
		170.645	170.648	170.649	170.661
		170.662	170.663	170.668	170.669
		170.691	170.692	170.693	170.698
		170.699	170.701	170.702	170.703
		170.708	170.709	170.711	170.712

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		I70.713	I70.718	I70.719	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	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
	Cartilage Implants	Prior authorization required	27415	27416	
	Plan exclusions:				
	None				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Chemotherapy Plan exclusions: Institutional Special Needs Plans (ISNP)	Notification required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require notification: <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code 			
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For notification, please submit requests online by using 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. Or, call **888-397-8129**.

Cochlear and other auditory implants 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	Prior authorization required	69714	69930	L8614	L8619
		L8690	L8691	L8692	
Cosmetic and reconstructive procedures Plan exclusions: None Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required Advance notification required for services, whether scheduled as inpatient or outpatient	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	15878	15879	17106
		17107	17108	17999	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21248	21249	21255
		21256	21260	21261	21263
		21267	21268	21275	21299
		21740	21742	21743	28344
		30540	30545	30560	30620
		31295	31296	31297	31298
		31299	67900	67901	67902
		67903	67904	67906	67908
67909	67912	67950	67961		
67966	Q2026				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME)	Prosthetics are not DME for UnitedHealthcare	Prior authorization required regardless of billed amount:			
Plan exclusions:	Medicare Advantage plan members – see	E0466	E0766	E1230	E1239
Institutional Special Needs Plans (ISNP)	Prosthetics and Orthotics. 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.	E2310	E2311	E2321	E2510
	Some payer groups may have different DME advance notification requirements for plan members through their benefit plans.	E2609	E2617	K0800	K0801
		K0802	K0806	K0808	K0812
		K0813	K0814	K0815	K0816
		K0820	K0821	K0822	K0823
		K0824	K0825	K0826	K0827
		K0828	K0829	K0830	K0831
		K0835	K0836	K0837	K0838
		K0839	K0840	K0841	K0842
		K0843	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0869	K0870
	<u>For UnitedHealthcare Medicare Advantage plans:</u>	K0871	K0877	K0878	K0879
	Power mobility devices/accessories and lymphedema pumps require notification or prior authorization regardless of the cost.	K0880	K0884	K0885	K0886
		K0890	K0891	K0898	K0899
		Prior authorization required only for a retail purchase or cumulative rental cost of more than \$1,000:			
		E0170	E0193	E0194	E0246
		E0277	E0300	E0302	E0304
		E0316	E0328	E0329	E0350
		E0373	E0459	E0462	E0465
		E0483	E0603	E0616	E0617
		E0618	E0635	E0636	E0639
		E0640	E0692	E0693	E0694
		E0700	E0710	E0740	E0746
		E0761	E0764	E0770	E0782
		E0783	E0784	E0785	E0786
		E0830	E0970	E0983	E0984
		E0986	E0988	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1011
		E1017	E1018	E1020	E1029
		E1030	E1035	E1036	E1037
		E1050	E1070	E1084	E1085
		E1086	E1087	E1089	E1100
		E1110	E1161	E1170	E1171

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		E1172	E1180	E1190	E1195
		E1200	E1222	E1224	E1227
		E1228	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1270	E1280
		E1295	E1296	E1297	E1298
		E1310	E1399	E1500	E1510
		E1520	E1530	E1540	E1550
		E1560	E1575	E1580	E1590
		E1592	E1594	E1600	E1615
		E1620	E1625	E1630	E1632
		E1634	E1635	E1636	E1637
		E1639	E1699	E1812	K0020
		K0037	K0039	K0044	K0046
		K0047	K0050	K0051	K0056
		K0065	K0072	K0073	K0098
		K0105	K0108	K0455	K0609
		K0730	K0743	K0744	K0745
	K0746				

End-stage renal disease/dialysis services

Plan exclusions:

None

Services for the treatment of end-stage renal disease (ESRD) require advance notification – includes outpatient dialysis services

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.

Advance notification/prior authorization isn't required for ESRD when a UnitedHealthcare Medicare Advantage plan member travels outside of the service area.

Note: Your agreement with us may include restrictions on referring plan members outside of the UnitedHealthcare network.

To enroll or refer a UnitedHealthcare Medicare Advantage plan member to the Optum Kidney Resource Service, please call **866-561-7518**.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment Plan exclusions: None	Prior authorization required	55970	55980		
		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		
Home Health Care	Prior Authorization is only required for members residing in and receiving services in Alabama, Arkansas, Colorado, Connecticut, Florida, Georgia, Indiana, Kentucky, Ohio, South Carolina, and Texas	99503	99505	G0151	G0152
		G0153	G0155	G0156	G0157
		G0158	G0159	G0160	G0161
		G0162	G0299	G0300	G0493
		G0494	G0495	G0496	G2168
		G2169	S9122	S9123	S9124
		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 (http://access.navihealth.com/) or submit a standard fax cover sheet to 844.244.9482. For questions, please contact 855.851.1127					
Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures Plan exclusions: None	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Hysterectomy (vaginal) – inpatient only	No prior authorization required for outpatient vaginal hysterectomies	58260	58262	58263	58267
		58270	58275	58280	58290

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Plan exclusions: None		58291	58292	58294	
Injectable medications Plan exclusions for Therapeutic Radiopharmaceuticals: Institutional Special Needs Plans (ISNP)	Prior authorization required	<p>Adakveo® J0791</p> <p>Aduhelm™ J0172</p> <p>Amvuttra™*** J0225</p> <p>Botulinim Toxins J0585 J0586 J0587 J0588</p> <p>Crysvita® J0584</p> <p>Enjaymo® J1302</p> <p>Entyvio™ J3380</p> <p>Evkeeza™ J1305</p> <p>Givlaari® J0223</p> <p>Immune Globulins (IVIG, SCIG) 90283 90284 J1459 J1551 J1554 J1555 J1556 J1557 J1558 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Injectable Medications – Unclassified C9096 C9399 J3490 J3590</p> <p>Korsuva® J0879</p> <p>Leqvio® J1306</p> <p>Luxturna™ J3398</p> <p>Nexviazyme® J0219</p> <p>Ocrevus™ J2350</p> <p>Onpattro™ J0222</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Orencia™				
	J0129				
	Oxlumo™				
	J0224				
	Radicava®				
	J1301				
	Reblozyl®				
	J0896				
	Releuko®				
	Q5125				
	Ryplazim®				
	J2998				
	Saphnelo™				
	J0491				
	Scenesse®				
	J7352				
	Skyrizi®***				
	J2327				
	Soliris				
	J1300				
	Spinraza™				
	J2326				
	Tepezza®				
	J3241				
	Tezspire™				
	J2356				
	Therapeutic Radiopharmaceuticals*				
	A9513	A9590	A9606	A9699	
	Ultomiris™				
	J1303				
	Uplizna®				
	J1823				
	Vabysmo®				
J2777					
Vyvgart™					
J9332					
Zolgensma®					
J3399					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																							
		<p>*For prior authorization, please submit requests online by using 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. Or call 888-397-8129.</p> <p>** For unclassified and temporary codes, C9096, C9399, J3490 and J3590 prior authorization is only required for Fynetra®, Spevigo®^{***}, Zynteglo®^{***}</p> <p>***Amvuttra, Skyrizi, Spevigo and Zynteglo effective 1/1/23</p>																																																							
<p>Injectable medications – Step therapy</p> <p>Plan exclusions:</p> <p>Non-Employer Group Medicare Advantage</p> <ul style="list-style-type: none"> Private fee for service Erickson Advantage People’s Health in LA Medicare Advantage Plans in the state of California UnitedHealthcare Dual Complete plans in New Jersey Tennessee, Arizona UnitedHealthcare Connected Plans UnitedHealthcare Senior Care Options in Massachusetts <p>Employer Group Medicare Advantage:</p> <ul style="list-style-type: none"> Employer Group HMO plans Select Employer Group PPO plans: <ul style="list-style-type: none"> Navistar Johnson & Johnson Bristol-Myers Squibb Verizon US Virgin Islands group # 97003, 97004, 97005, 97006, 97007, 97008 	<p>Prior authorization required</p>	<p>Colony-Stimulating Factors**</p> <table border="1"> <tr> <td>J1442</td> <td>J1447</td> <td>Q5108</td> <td>Q5110</td> </tr> <tr> <td>Q5111</td> <td>Q5122</td> <td></td> <td></td> </tr> </table> <p>Erythropoiesis-Stimulating Agents</p> <p>J0885</p> <p>Hyaluronic Acid Polymers (FDA approved as medical devices)</p> <table border="1"> <tr> <td>J7320</td> <td>J7321</td> <td>J7322</td> <td>J7323</td> </tr> <tr> <td>J7324</td> <td>J7326</td> <td>J7327</td> <td>J7329</td> </tr> <tr> <td>J7331</td> <td>J7332</td> <td></td> <td></td> </tr> </table> <p>Immunomodulators</p> <table border="1"> <tr> <td>J1745</td> <td>Q5104</td> <td></td> <td></td> </tr> </table> <p>Rituximab</p> <table border="1"> <tr> <td>J9311</td> <td>J9312</td> <td>Q5123</td> <td></td> </tr> </table> <p>Vascular Endothelial Growth Factor (VEGF) Inhibitors***</p> <table border="1"> <tr> <td>C9093</td> <td>J0178</td> <td>J0179</td> <td>J2778</td> </tr> <tr> <td>Q5124</td> <td></td> <td></td> <td></td> </tr> </table> <p>**For codes J1442, J1447, Q5108 and Q5110, Q5111, Q5122 prior authorization is required for both oncology and non-oncology DX.</p> <p>For oncology DX, please see Cancer supportive care section above.</p> <p>***VEGF Inhibitors only require prior authorization with the following diagnosis codes:</p> <table border="1"> <tr> <td>H35.3210</td> <td>H35.3211</td> <td>H35.3212</td> <td>H35.3213</td> </tr> <tr> <td>H35.3220</td> <td>H35.3221</td> <td>H35.3222</td> <td>H35.3223</td> </tr> <tr> <td>H35.3230</td> <td>H35.3231</td> <td>H35.3232</td> <td>H35.3233</td> </tr> <tr> <td>H35.3290</td> <td>H35.3291</td> <td>H35.3292</td> <td>H35.3293</td> </tr> </table>				J1442	J1447	Q5108	Q5110	Q5111	Q5122			J7320	J7321	J7322	J7323	J7324	J7326	J7327	J7329	J7331	J7332			J1745	Q5104			J9311	J9312	Q5123		C9093	J0178	J0179	J2778	Q5124				H35.3210	H35.3211	H35.3212	H35.3213	H35.3220	H35.3221	H35.3222	H35.3223	H35.3230	H35.3231	H35.3232	H35.3233	H35.3290	H35.3291	H35.3292	H35.3293
J1442	J1447	Q5108	Q5110																																																						
Q5111	Q5122																																																								
J7320	J7321	J7322	J7323																																																						
J7324	J7326	J7327	J7329																																																						
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H35.3230	H35.3231	H35.3232	H35.3233																																																						
H35.3290	H35.3291	H35.3292	H35.3293																																																						
<p>Inpatient admission</p>	<p>Notification required</p>																																																								

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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 	naviHealth manages prior authorization for in-scope membership. Phone: 855-851-1127 Fax: 844-244-9482			
Non-emergency air transport Plan exclusions: None Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Plan exclusions: None Treatment of maxillofacial (jaw) functional impairment	Prior authorization required	21120 21125 21143 21150 21159 21194 21199 21240 21246	21121 21127 21145 21151 21160 21195 21206 21242 21247	21122 21141 21146 21154 21188 21196 21210 21244	21123 21142 21147 21155 21193 21198 21215 21245
Orthotics Plan exclusions: None	Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0112 L0200 L0464 L0482 L0623 L0632 L0700 L0830	L0140 L0220 L0466 L0484 L0624 L0634 L0710 L0859	L0150 L0452 L0468 L0486 L0629 L0636 L0810 L0999	L0170 L0462 L0480 L0622 L0631 L0638 L0820 L1000

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics (cont.)		L1001	L1005	L1200	L1300
		L1310	L1499	L1630	L1640
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1834
		L1844	L1904	L1920	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2040	L2050	L2060	L2070
		L2080	L2090	L2126	L2136
		L2232	L2320	L2387	L2520
		L2525	L2526	L2627	L2628
		L2800	L2861	L3160	L3201
		L3202	L3203	L3204	L3206
		L3207	L3208	L3209	L3211
		L3212	L3213	L3214	L3215
		L3250	L3251	L3252	L3253
		L3254	L3255	L3257	L3265
		L3320	L3485	L3649	L3674
		L3720	L3764	L3765	L3766
		L3891	L3900	L3901	L3904
	L3921	L3956	L3961	L3967	
	L3971	L3973	L3975	L3976	
	L3977	L3978	L4000	L4030	
	L4040	L4045	L4050	L4055	
	L4631				
Orthopedic surgeries	Prior authorization required	22100	22101	22102	22110
Plan exclusions:		22112	22114	22206	22207
US Virgin Island policies 67006,		22210	22212	22214	22220
67007, 67008, 24755, 25309,		22222	22224	22532	22533
23930		22548	22551	22554	22556
Spine and joint surgeries		22558	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22864
		22865	22867	22869	22899
		23470	23472	24360	24361
		24362	24363	24365	25441
		25442	25444	25446	25449
		27120	27122	27125	27130

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthopedic surgeries (cont.)		27132	27134	27137	27138
		27412	27445	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	J7330	

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

Please note that your agreement with UnitedHealthcare may include restrictions on directing plan members outside of the UnitedHealthcare network. Plan members who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.

Advance notification is required for UnitedHealthcare Medicare Advantage plan members in the following circumstances:

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
	<p>A network physician or health care provider directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan includes benefits for out-of-network services – but there are no available in-network care providers for the type of specialty services needed.</p> <p>A network physician or health care provider requests in-network cost sharing or benefit level because there aren't in-network care providers for the type of specialty services needed.</p>	

Outpatient Therapy (PT/OT/ST, Chiropractic)

Prior authorization is required for contracted providers in AR, GA, NJ, and SC

Physical, Occupational and Speech Therapy

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
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Optum providers: For authorization in AR, GA, NJ, and SC, please submit requests online at

www.optumhealthphysicalhealth.com or call **800-873-4575**

UHC Providers: For authorization in AR, GA, NJ, and SC, online by using 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/Outpatient

Procedures and Services

Additional Information

**CPT® or HCPCS Codes and/or
How to Obtain Prior Authorization**

Therapy on your Provider Portal dashboard or call **866-416-6594**

Pain Management Plan exclusions: None	Prior authorization required	62350	62351	62360	62361
		62362			
Potentially unproven services (including experimental/investigational and/or linked services) Plan exclusions: None	Prior authorization required Services, including medications, determined not to be effective for treatment of a medical condition Services determined not to have a beneficial effect on health outcomes, due to: <ul style="list-style-type: none"> Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials Cohort studies in the prevailing published peer-reviewed medical literature	28890	36514	64405	64722
		64744	66180	95965	95966
Private Duty Nursing	Prior authorization is only required 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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Private Duty Nursing (cont.)		15305	15306	15307	15330
		15331	15336	15337	15375
		15403	15404	15405	15406
		15408	15409	15410	15412
		15413	15414	15415	15416
		15417	15418	15424	15425
		15426	15428	15429	15451
		15550	15605	15606	15627
		15628	15629	15630	15631
		15632	15633	15634	15635
		15636	15637	15638	15639
		15640	15641	15642	15643
		15644	15645	15646	15648
		15672	15673	15725	15726
		15727	15728	15734	15735
		15736	15737	15738	15739
		15740	15741	15742	15743
		15747	15748	15774	15780
		15782	15783	15784	15785
		15786	15787	15788	15789
		15790	15791	15792	15793
		15795	15802	15894	15895
		15937	15938	16175	16188
		16190	16191	16205	16206
		16207	16208	16233	16234
		16235	16236	16325	16326
		16327	27070		
Prostate procedures	• Prior authorization required	52441	52442		
Plan exclusions: None					
Prosthetics Plan exclusions: None	Prior authorization required only for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5649

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Prosthetics (continued)		L5651	L5681	L5683	L5700
		L5701	L5702	L5703	L5707
		L5724	L5726	L5728	L5780
		L5781	L5782	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5930	L5960	L5961	L5966
		L5968	L5973	L5979	L5980
		L5981	L5987	L5988	L5990
		L6000	L6010	L6020	L6026
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6380
		L6382	L6384	L6400	L6450
		L6500	L6550	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6624	L6638
		L6646	L6648	L6693	L6696
		L6697	L6707	L6709	L6712
		L6713	L6714	L6715	L6721
		L6722	L6880	L6881	L6882
		L6883	L6884	L6885	L6895
		L6900	L6905	L6910	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7499
		L8035	L8039	L8041	L8042
		L8043	L8044	L8049	L8499
		L8505	L8604	L8609	L8699

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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		
G6011	G6012	G6013	G6014		
Prior authorization set-up in the claims system base on the ICD10 diagnosis codes listed below when a Standard 2D/3D Radiation Therapy technique is requested/utilized.					
Breast - ICD10: C50.011-C50.929, D05.00-D05.92, C84.7A					
Prostate - ICD10: C61					
Bone Mets - ICD10: C79.51-C79.52					
Lung Cancer - ICD10: C34.00-C34.92					
Y90 (Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors)					
79445					
Radiology	Prior authorization required for participating physicians who request these Advanced Outpatient Imaging Procedures:	Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.			
Plan exclusions:	<ul style="list-style-type: none"> Certain PET scans Nuclear medicine and nuclear cardiology procedures 	For prior authorization, please submit requests online by using 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. Or, call 866-889-8054 .			
UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)	For more information, please see the Outpatient Radiology Prior Authorization Protocol for Medicare Advantage section in the Administrative Guide.	For more details and the CPT® codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Radiology.			
Rhinoplasty	Prior authorization required	30400	30410	30420	30430
Plan exclusions:		30435	30450	30460	30462
None		30465			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Treatment of nasal functional impairment and septal deviation

Site of service (SOS) – Outpatient hospital Plan exclusions: <ul style="list-style-type: none"> • AK DSNP • AR DSNP • HI DSNP • KY DSNP • MA DSNP • UT DSNP • WI DSNP 	Prior authorization is only required when requesting service in an outpatient hospital setting	Breast Lesion/Cyst/Tumor Removal 19125
	Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC)	Carpal Tunnel Surgery 29848
	Prior authorization is not required for care providers in AK, AR, HI, KY, MA, UT, WI	Colonoscopy and Biopsy 44388 44389 44391 44408 45330 45378 45379 45380 45381 45382 45384 45385 45386 45388 45389 45390 45393 G0105 G0121
		Corneal Transplant 65756
		Cystoscopy 52000 52001 52005 52007 52204 52214
		Deviated Septum Repair 30520
		Eye Surgery 0191T 65855 66183 66982 66984 67036 67040 67041 67042 67108 67113 67145 67210 67228 67917
		Fractured Arm 23615 23630 24515 24516 24665 24666 25545 25605 25606 25607 25608 25609
		Glaucoma Procedures 65820 66170
		Hernia Repair 49505 49521 49525 49550 49553 49570 49572 49585 49587 49650 49651 49652 49653 49654 49655 49656
		Knee Arthroscopy 29870 29874 29875 29876 29877 29879 29880 29881 29888

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (continued)		Other Bladder Surgeries			
		51720	51728	51729	52287
		52300	52310	52315	52330
		52332	52341	52344	52351
		52354	52356	53445	
		Other Female Genital Surgeries			
		57240	57260	57288	58558
		Other Foot/Toe Surgeries			
		28120	28285	28288	28291
		28296			
		Other Male Genital Surgeries			
		55040			
		Other Nervous System Surgeries			
		64718	64721		
		Other Prostate Surgeries			
		52630	55700		
		Other Therapeutic Procedures of the Muscle/Tendon			
		23430	26055	26123	
		Other Urethra Surgeries			
		52275	52276	52281	52282
		52285			
		Pain Management			
		62270	62321	62322	62323
		64418	64483	64490	64493
		64510	64633	64635	
		Percutaneous Vertebral Augmentation			
		22514			
		Removal of Bladder Tumors			
		52224	52234	52235	
		Removal of Kidney Stones			
		50590			
		Shoulder Arthroscopy			
		29823	29824	29827	29828
		Skin Graft			
		14040	14060	14301	15100
		15120	15220	15240	15260
		Treatment/Removal of Bladder Stones			
		52320	52325	52352	52353

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service (SOS) – Outpatient hospital (continued)		Upper GI Endoscopy - Esophagus / Stomach / Small Intestine				
		43235	43236	43237	43238	
		43239	43240	43241	43242	
		43245	43247	43248	43249	
		43250	43251	43253	43254	
		43255	43259			
Sleep apnea procedures and surgeries	Prior authorization required	21685	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.	42145				
Spine Surgery	Prior authorization required	20930	20931	20939	22854	
Plan exclusions: None		22858				
Stimulators	Prior authorization required		Bone Growth Stimulator			
Plan exclusions: None Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760	
		Neurostimulator				
		61850	61863	61864	61867	
		61868	61885	61886	63650	
		63655	63685	64555	64568	
		64590	L8682	L8683		
Therapeutic radiology services	Prior authorization required	Intensity-modulated radiation therapy (IMRT)				
Plan exclusions: None		77385	77386	G6015	G6016	
		Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT)				
		77371	77372	77373	G0339	
		G0340				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant of tissue or organs 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	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi®, Carvykti™ (Ciltacabtagene Autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), 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.			
		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
		38215	38232*	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		CAR T-cell Therapy			
		0537T	0538T	0539T	0540T
		C9098**	J9999**	Q2041	Q2042
		Q2053	Q2054	Q2055	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Transplant of tissue or organs (continued)		*Code 38232 will only require prior authorization for an oncology diagnosis.			
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Vein procedures	Prior authorization required	37243	37700	37718	37722
Plan exclusions:		37780	37799		
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.			
Plan exclusions:					
None		33927	33928	33929	33975
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33976	33979	33981	33982
		33983			