

# UnitedHealthcare Medicare Advantage Prior Authorization Requirements

November 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](https://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](https://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<sup>®</sup> Medicare Advantage<sup>®</sup>, UnitedHealthcare<sup>®</sup> The Villages<sup>®</sup> Medicare Advantage<sup>®</sup>, UnitedHealthcare<sup>®</sup> Medicare Advantage<sup>®</sup> plans for both individual and employer group members, UnitedHealthcare Medicare Gold and Silver plans

UnitedHealthcare Dual Complete<sup>®</sup> (HMO D-SNP), (HMO-POS D-SNP), (PPO D-SNP), (Regional PPO D-SNP)

UnitedHealthcare<sup>®</sup> Chronic Complete (CSNP)

UnitedHealthcare<sup>®</sup> Nursing Home and UnitedHealthcare<sup>®</sup> 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](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 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<sup>®</sup> Plans

UnitedHealthcare Medicare Direct<sup>SM</sup> (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			
<b>Behavioral health services</b> <b>Plan exclusions:</b> 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.			
<b>Bone growth stimulator</b> <b>Plan exclusions:</b> None Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
<b>Breast reconstruction (non-mastectomy)</b> <b>Plan exclusions:</b> 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><b>Prior authorization is not required for the following diagnosis codes:</b></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
<b>Cancer Supportive Care</b> <b>Plan exclusions:</b> 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, Q5120 and Q5122 also require prior authorization for non-oncology DX. See <a href="#">Injectable medications section below</a> .	<p><b><u>Anti-emetics that require prior authorization:</u></b></p> <p><b>Akynzeo® (palonosetron/fosnetupitant)</b> J1454</p> <p><b>Cinvanti™ (aprepitant)</b> J0185</p> <p><b>Emend® (fosaprepitant)</b> J1453 - - -</p> <p><b>Sustol® (granisetron extended release)</b> J1627</p> <p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p><b>Filgrastim (Neupogen®)</b> J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b> Q5110*</p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2506</p> <p><b>Pegfilgrastim-apgf (Nyvepria™)</b> Q5122*</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b>Trilaciclib (Cosela™)</b> J1448</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Prolia®, Xgeva®)</b> 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
-------------------------	------------------------	--

<b>Cancer Supportive Care (continued)</b>		<b>UHCprovider.com</b> 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 <b>888-397-8129</b> .
---	--	---

<b>Cardiology</b> <b>Plan exclusions:</b> 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 <b>UHCprovider.com</b> 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 <b>866-889-8054</b> .  For more details and the CPT® codes that require prior authorization, please visit <b>UHCprovider.com/priorauth &gt; Cardiology</b> .
--	--	---

<b>Cardiovascular</b> <b>Plan exclusions:</b> None	Prior authorization required	<table border="0"> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: center;"><b>Cardiology</b></td> </tr> <tr> <td>E0616</td> <td>33285</td> <td>93653</td> <td>93656</td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: center;"><b>Vascular</b></td> </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> </table>			<b>Cardiology</b>		E0616	33285	93653	93656			<b>Vascular</b>		37220	37221	37224	37225	37226	37227	37228	37229	75710*	75716*		
		<b>Cardiology</b>																								
E0616	33285	93653	93656																							
		<b>Vascular</b>																								
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			
<b>Cardiovascular (continued)</b>		I70.309	I70.311	I70.312	I70.313
		I70.318	I70.319	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	I70.391	I70.392	I70.393
		I70.399	I70.401	I70.402	I70.403
		I70.408	I70.409	I70.411	I70.412
		I70.413	I70.418	I70.421	I70.422
		I70.423	I70.428	I70.429	I70.431
		I70.432	I70.433	I70.434	I70.435
		I70.438	I70.439	I70.441	I70.442
		I70.443	I70.444	I70.445	I70.448
		I70.449	I70.461	I70.462	I70.463
		I70.468	I70.469	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	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	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		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
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		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
	<b>Cartilage Implants</b>	Prior authorization required	27415	27416	
	<b>Plan exclusions:</b>				
	None				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
-------------------------	------------------------	--	--	--	--

<b>Chemotherapy</b> <b>Plan exclusions:</b> 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	<b>Injectable chemotherapy drugs that require notification:</b> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• 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</li> </ul>			
--	---	---	--	--	--

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**.

<b>Cochlear and other auditory implants</b> <b>Plan exclusions:</b> 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	
<b>Cosmetic and reconstructive procedures</b> <b>Plan exclusions:</b> 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			
<b>Durable medical equipment (DME)</b> <b>Plan exclusions:</b> Institutional Special Needs Plans (ISNP)	Prosthetics are not DME for UnitedHealthcare Medicare Advantage plan members – see 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.  Some payer groups may have different DME advance notification requirements for plan members through their benefit plans.	Prior authorization required <b>regardless of billed amount:</b>			
		E0466	E0766	E1230	E1239
		E2310	E2311	E2321	E2510
		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
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	K0898	K0899
		Prior authorization required only for a <b>retail purchase or cumulative rental cost of more than \$1,000:</b>			
		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			
<b>Durable medical equipment (DME) (continued)</b>		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			
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980		
<b>Plan exclusions:</b>		These <b>surgical codes</b> , when billed with one of the following <b>DX codes</b> :			
None		<b>F64.0</b>	<b>F64.1</b>	<b>F64.2</b>	<b>F64.8</b>
		<b>F64.9</b>	<b>Z87.890</b>		
		14000	14001	14041	15734
		15738	15750	15757	15758
		15775	15776	15780	15781
		15782	15783	15788	15789
		15792	15793	19303	21899
		31599	31899	53410	53420
		53425	53430	54125	54400
		54401	54405	54408	54520
		54660	54690	55175	55180
		55866	56625	56800	56805
		57106	57110	57291	57292
		57295	57296	57335	57426
		58661	58720	58940	64856
		64892	64896	92507	92508
<b>Home Health Care</b>	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 ( <a href="http://access.navihealth.com/">http://access.navihealth.com/</a> ) or submit a standard fax cover sheet to 844.244.9482. For questions, please contact 855.851.1127			
<b>Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures</b>	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
<b>Plan exclusions:</b>		58571	58572	58573	
None					
<b>Hysterectomy (vaginal) – inpatient only</b>	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			
<b>Plan exclusions:</b> None		58291	58292	58294	
<b>Injectable medications</b> <b>Plan exclusions for Therapeutic Radiopharmaceuticals:</b> Institutional Special Needs Plans (ISNP)	Prior authorization required	<p><b>Adakveo®</b> J0791</p> <p><b>Aduhelm™</b> J0172</p> <p><b>Botulinum Toxins</b> J0585      J0586      J0587      J0588</p> <p><b>Crysvita®</b> J0584</p> <p><b>Enjaymo®</b> J1302</p> <p><b>Entyvio™</b> J3380</p> <p><b>Evkeeza™</b> J1305</p> <p><b>Givlaari®</b> J0223</p> <p><b>Immune Globulins (IVIG, SCIG)</b> 90283      90284      J1459      J1551 J1554      J1555      J1556      J1557 J1558      J1559      J1561      J1566 J1568      J1569      J1572      J1575 J1599</p> <p><b>Injectable Medications – Unclassified</b> C9096      C9399      J3490      J3590</p> <p><b>Korsuva®</b> J0879</p> <p><b>Leqvio®</b> J1306</p> <p><b>Luxturna™</b> J3398</p> <p><b>Nexviazyme®</b> J0219</p> <p><b>Ocrevus™</b> J2350</p> <p><b>Onpattro™</b> J0222</p> <p><b>Orencia™</b> J0129</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>	<b>Oxlumo™</b>				
	J0224				
	<b>Radicava®</b>				
	J1301				
	<b>Reblozyl®</b>				
	J0896				
	<b>Releuko®</b>				
	Q5125				
	<b>Ryplazim®</b>				
	J2998				
	<b>Saphnelo™</b>				
	J0491				
	<b>Scenesse®</b>				
	J7352				
	<b>Soliris</b>				
	J1300				
	<b>Spinraza™</b>				
	J2326				
	<b>Tepezza®</b>				
	J3241				
	<b>Tezspire™</b>				
	J2356				
	<b>Therapeutic Radiopharmaceuticals*</b>				
	A9513	A9590	A9606	A9699	
	<b>Ultomiris™</b>				
	J1303				
	<b>Uplizna®</b>				
	J1823				
<b>Vabysmo®</b>					
J2777					
<b>Vyvgart™</b>					
J9332					
<b>Zolgensma®</b>					
J3399					
<p>*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then,</p>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
-------------------------	------------------------	--

select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call **888-397-8129**.  
**\*\*** For unclassified and temporary codes, C9096, C9399, J3490 and J3590 prior authorization is only required for Flynetra®

**Injectable medications – Step therapy** Prior authorization required

**Plan exclusions:**  
**Non-Employer Group Medicare Advantage**

- 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

**Employer Group Medicare Advantage:**

- Employer Group HMO plans
- Select Employer Group PPO plans:
  - Navistar
  - Johnson & Johnson
  - Bristol-Myers Squibb
  - Verizon
- US Virgin Islands group # 97003, 97004, 97005, 97006, 97007, 97008

**Colony-Stimulating Factors\*\***

J1442	J1447	Q5108	Q5110
Q5111	Q5122		

**Erythropoiesis-Stimulating Agents**

J0885

**Hyaluronic Acid Polymers**

**(FDA approved as medical devices)**

J7320	J7321	J7322	J7323
J7324	J7326	J7327	J7329
J7331	J7332		

**Immunomodulators**

J1745	Q5104
-------	-------

**Rituximab**

J9311	J9312	Q5123
-------	-------	-------

**Vascular Endothelial Growth Factor (VEGF) Inhibitors\*\*\***

C9093	J0178	J0179	J2778
Q5124			

**\*\***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.

**\*\*\***VEGF Inhibitors only require prior authorization with the following diagnosis codes:

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

**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:

- Acute care hospitals
- Acute inpatient rehabilitation

naviHealth manages prior authorization for in-scope membership.

Phone: **855-851-1127**  
 Fax: 844-244-9482



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	<ul style="list-style-type: none"> <li>Critical access hospitals</li> <li>Long-term acute care hospitals</li> <li>Skilled nursing facilities</li> </ul>				
	<p><b>Note:</b> These plans are excluded from the skilled nursing facility prior authorization requirement:</p> <ul style="list-style-type: none"> <li>UnitedHealthcare® Nursing Home</li> </ul>				
<b>Non-emergency air transport</b> <b>Plan exclusions:</b> None Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> <b>Plan exclusions:</b> 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
<b>Orthotics</b> <b>Plan exclusions:</b> 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 L1001 L1310 L1680 L1720 L1844 L2005	L0140 L0220 L0466 L0484 L0624 L0634 L0710 L0859 L1005 L1499 L1685 L1730 L1904 L2010	L0150 L0452 L0468 L0486 L0629 L0636 L0810 L0999 L1200 L1630 L1700 L1755 L1920 L2020	L0170 L0462 L0480 L0622 L0631 L0638 L0820 L1000 L1300 L1640 L1710 L1834 L2000 L2030

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics (cont.)</b>		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				
<b>Orthopedic surgeries</b>	Prior authorization required	22100	22101	22102	22110
<b>Plan exclusions:</b>		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthopedic surgeries (cont.)		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.

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																															
	<p>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>																																																																
<p><b>Outpatient Therapy (PT/OT/ST, Chiropractic)</b></p>	<p>Prior authorization is required for contracted providers in AR, GA, NJ, and SC</p>	<p><b>Physical, Occupational and Speech Therapy</b></p> <table border="0"> <tr> <td>92507</td> <td>92508</td> <td>92521</td> <td>92522</td> </tr> <tr> <td>92523</td> <td>92524</td> <td>92526</td> <td>92626</td> </tr> <tr> <td>92627</td> <td>96105</td> <td>97012</td> <td>97016</td> </tr> <tr> <td>97018</td> <td>97022</td> <td>97024</td> <td>97026</td> </tr> <tr> <td>97028</td> <td>97032</td> <td>97033</td> <td>97034</td> </tr> <tr> <td>97035</td> <td>97036</td> <td>97039</td> <td>97110</td> </tr> <tr> <td>97112</td> <td>97113</td> <td>97116</td> <td>97124</td> </tr> <tr> <td>97139</td> <td>97140</td> <td>97150</td> <td>97161</td> </tr> <tr> <td>97162</td> <td>97163</td> <td>97164</td> <td>97165</td> </tr> <tr> <td>97166</td> <td>97167</td> <td>97168</td> <td>97530</td> </tr> <tr> <td>97533</td> <td>97535</td> <td>97537</td> <td>97542</td> </tr> <tr> <td>97545</td> <td>97546</td> <td>97750</td> <td>97755</td> </tr> <tr> <td>97760</td> <td>97761</td> <td>97799</td> <td>G0129</td> </tr> <tr> <td>G0281</td> <td>G0282</td> <td>G0283</td> <td></td> </tr> </table> <p><b>Chiropractic</b></p> <table border="0"> <tr> <td>98940</td> <td>98941</td> <td>98942</td> <td></td> </tr> </table> <p><b>Optum providers:</b> For authorization in AR, GA, NJ, and SC, please submit requests online at <a href="http://www.optumhealthphysicalhealth.com">www.optumhealthphysicalhealth.com</a> or call <b>800-873-4575</b></p> <p><b>UHC Providers:</b> For authorization in AR, GA, NJ, and SC, online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool/Outpatient Therapy on your Provider Portal dashboard or call <b>866-416-6594</b></p>				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		98940	98941	98942	
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																																																															
98940	98941	98942																																																															
<p><b>Pain Management</b></p> <p><b>Plan exclusions:</b></p> <p>None</p>	<p>Prior authorization required</p>	<p>62350</p> <p>62362</p>	<p>62351</p>	<p>62360</p>	<p>62361</p>																																																												

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Potentially unproven services (including experimental/investigational and/or linked services)</b> <b>Plan exclusions:</b> None	Prior authorization required	28890	36514	64405	64722
	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"> <li>• Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials</li> </ul> Cohort studies in the prevailing published peer-reviewed medical literature	64744	66180	95965	95966
<b>Private Duty Nursing</b>	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
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Private Duty Nursing (cont.)</b>		15640	15641	15642	15643
		15644	15645	15646	15648
		15672	15673	15725	15726
		15727	15728	15734	15735
		15736	15737	15738	15739
		15740	15741	15742	15743
		15747	15748	15774	15780
		15782	15783	15784	15785
		15786	15787	15788	15789
		15790	15791	15792	15793
		15795	15802	15894	15895
		15937	15938	16175	16188
		16190	16191	16205	16206
		16207	16208	16233	16234
		16235	16236	16325	16326
			16327	27070	
	<b>Prostate procedures</b>	• Prior authorization required	52441	52442	
<b>Plan exclusions:</b> None					
<b>Prosthetics</b>	Prior authorization required only for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000	L5010	L5020	L5050	L5060
<b>Plan exclusions:</b>		L5100	L5105	L5150	L5160
None		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
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (continued)</b>		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	
<b>Radiation Therapy</b>	Prior authorization required	<b>Image Guided Radiation Therapy (IGRT)</b>			
		77014	77387	G6001	G6002
		G6017			
		<b>Prostate Spacer</b>			
		55874			
		<b>Proton Beam Therapy (PBT)</b>			
		77520	77522	77523	77525
		<b>Special/Associated Services</b>			
		77331	77370	77399	77470
		<b>Standard Radiation Therapy (2D/3D)</b>			
		77401	77402	77407	77412
		G6003	G6004	G6005	G6006
		G6007	G6008	G6009	G6010
		G6011	G6012	G6013	G6014

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																							
		<p>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.</p> <p>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</p> <p><b>Y90 (Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors)</b>  79445</p>																							
<p><b>Radiology</b>  <b>Plan exclusions:</b>  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"> <li>Certain PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul> <p>For more information, please see the Outpatient Radiology Prior Authorization Protocol for Medicare Advantage section in the Administrative Guide.</p>	<p>Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT® codes that require notification/prior authorization, please visit <b>UHCprovider.com/priorauth</b> &gt; Radiology.</p>																							
<p><b>Rhinoplasty</b>  <b>Plan exclusions:</b>  None  Treatment of nasal functional impairment and septal deviation</p>	<p>Prior authorization required</p>	<p>30400 30435 30465</p>	<p>30410 30450</p>	<p>30420 30460</p>	<p>30430 30462</p>																				
<p><b>Site of service (SOS) – Outpatient hospital</b>  <b>Plan exclusions:</b></p> <ul style="list-style-type: none"> <li>AK DSNP</li> <li>AR DSNP</li> <li>HI DSNP</li> <li>KY DSNP</li> <li>MA DSNP</li> <li>UT DSNP</li> <li>WI DSNP</li> </ul>	<p>Prior authorization is only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC)</p> <p>Prior authorization is not required for care providers in AK, AR, HI, KY, MA, UT, WI</p>	<p><b>Breast Lesion/Cyst/Tumor Removal</b>  19125</p> <p><b>Carpal Tunnel Surgery</b>  29848</p> <p><b>Colonoscopy and Biopsy</b></p> <table border="1"> <tr> <td>44388</td> <td>44389</td> <td>44391</td> <td>44408</td> </tr> <tr> <td>45330</td> <td>45378</td> <td>45379</td> <td>45380</td> </tr> <tr> <td>45381</td> <td>45382</td> <td>45384</td> <td>45385</td> </tr> <tr> <td>45386</td> <td>45388</td> <td>45389</td> <td>45390</td> </tr> <tr> <td>45393</td> <td>G0105</td> <td>G0121</td> <td></td> </tr> </table> <p><b>Corneal Transplant</b>  65756</p>				44388	44389	44391	44408	45330	45378	45379	45380	45381	45382	45384	45385	45386	45388	45389	45390	45393	G0105	G0121	
44388	44389	44391	44408																						
45330	45378	45379	45380																						
45381	45382	45384	45385																						
45386	45388	45389	45390																						
45393	G0105	G0121																							



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (continued)	<b>Cystoscopy</b>	52000	52001	52005	52007
		52204	52214		
	<b>Deviated Septum Repair</b>	30520			
	<b>Eye Surgery</b>	0191T	65855	66183	66982
		66984	67036	67040	67041
		67042	67108	67113	67145
		67210	67228	67917	
	<b>Fractured Arm</b>	23615	23630	24515	24516
		24665	24666	25545	25605
		25606	25607	25608	25609
	<b>Glaucoma Procedures</b>	65820	66170		
	<b>Hernia Repair</b>	49505	49521	49525	49550
		49553	49570	49572	49585
		49587	49650	49651	49652
		49653	49654	49655	49656
	<b>Knee Arthroscopy</b>	29870	29874	29875	29876
		29877	29879	29880	29881
		29888			
	<b>Other Bladder Surgeries</b>	51720	51728	51729	52287
		52300	52310	52315	52330
		52332	52341	52344	52351
		52354	52356	53445	
	<b>Other Female Genital Surgeries</b>	57240	57260	57288	58558
	<b>Other Foot/Toe Surgeries</b>	28120	28285	28288	28291
		28296			
	<b>Other Male Genital Surgeries</b>	55040			
	<b>Other Nervous System Surgeries</b>	64718	64721		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – Outpatient hospital (continued)</b>		<b>Other Prostate Surgeries</b>			
		52630	55700		
		<b>Other Therapeutic Procedures of the Muscle/Tendon</b>			
		23430	26055	26123	
		<b>Other Urethra Surgeries</b>			
		52275	52276	52281	52282
		52285			
		<b>Pain Management</b>			
		62270	62321	62322	62323
		64418	64483	64490	64493
		64510	64633	64635	
		<b>Percutaneous Vertebral Augmentation</b>			
		22514			
		<b>Removal of Bladder Tumors</b>			
		52224	52234	52235	
		<b>Removal of Kidney Stones</b>			
		50590			
		<b>Shoulder Arthroscopy</b>			
		29823	29824	29827	29828
		<b>Skin Graft</b>			
		14040	14060	14301	15100
		15120	15220	15240	15260
		<b>Treatment/Removal of Bladder Stones</b>			
		52320	52325	52352	52353
		<b>Upper GI Endoscopy - Esophagus / Stomach / Small Intestine</b>			
		43235	43236	43237	43238
		43239	43240	43241	43242
	43245	43247	43248	43249	
	43250	43251	43253	43254	
	43255	43259			
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41512	41530	41599
<b>Plan exclusions:</b> 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.	42145			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant of tissue or organs (continued)</b>		50360	50365	50370	50547
		<b>Pancreas</b>			
		48551	48552	48554	
		<b>Liver</b>			
		47135	47143	47147	
		<b>Intestine</b>			
		44132	44133	44135	44136
		<b>Services related to transplants</b>			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232*	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		<b>CAR T-cell Therapy</b>			
		0537T	0538T	0539T	0540T
		C9098**	J9999**	Q2041	Q2042
	Q2053	Q2054	Q2055		
	*Code 38232 will only require prior authorization for an oncology diagnosis.				
<b>Vein procedures</b>	Prior authorization required	37243	37700	37718	37722
<b>Plan exclusions:</b>		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					
<b>Ventricular assist devices (VAD)</b>		Please call the Optum VAD Case Management Team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
<b>Plan exclusions:</b>					
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			