



# How to make a post-service, pre-claim modification to an approved prior authorization

We created the Prior Authorization Crosswalk to make it easier for you to see if you need to modify an approved prior authorization. Use the Prior Authorization Crosswalk table when you have an approved prior authorization for treating a UnitedHealthcare commercial member and need to provide an additional or different service. The table will help you determine if you can use the approved prior authorization, modify the original or request a new one.



## How to use the Prior Authorization Crosswalk table

If you have prior authorization for a CPT® code listed in the left column and you perform a service:

- Listed in the right column, you don't need to update the original prior authorization request
- Not listed in the right column, you must modify the original prior authorization request before you submit the claim



## How to modify your existing prior authorization request

- You can make CPT code changes to an existing approved prior authorization if the service is medically necessary
- We'll allow changes before you submit the claim if you make the change within 5 business days after you provide the service
- Call **877-842-3210**, 7 a.m.–7 p.m. CT, Monday–Friday with updated clinical information



## Out-of-scope services

- Genetic and molecular testing, including breast cancer gene (BRCA) codes
- Oncology
- Radiology
- Cardiology
- Injectable medications, including hemophilia



If you have questions, please contact your provider advocate, or email [eiccrstat@uhc.com](mailto:eiccrstat@uhc.com).

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