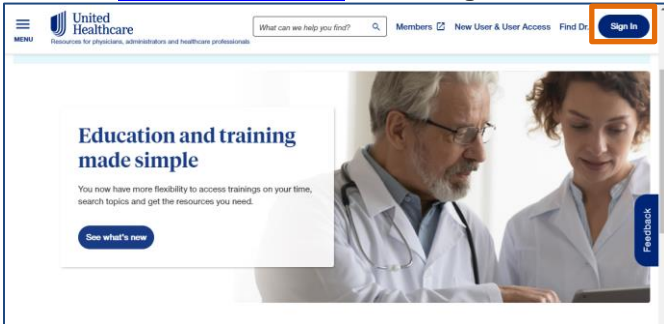


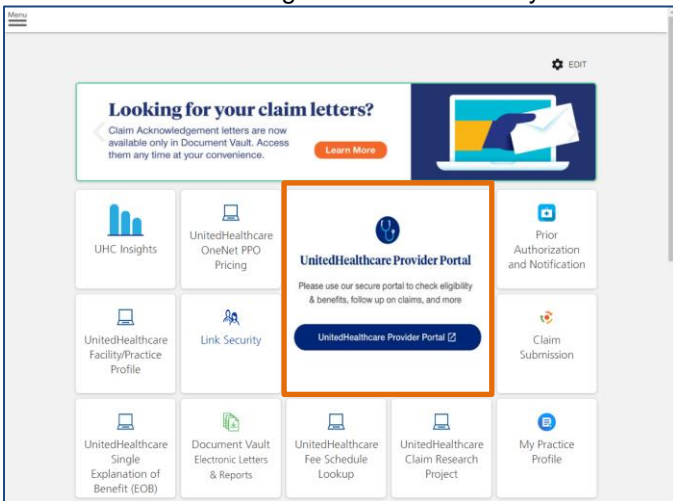
You may check to see if a Prior Authorization/Notification is required through the Prior Authorization and Notification tool.
Note: This tool is not used for referrals. Referrals should be submitted separately.

Get Started

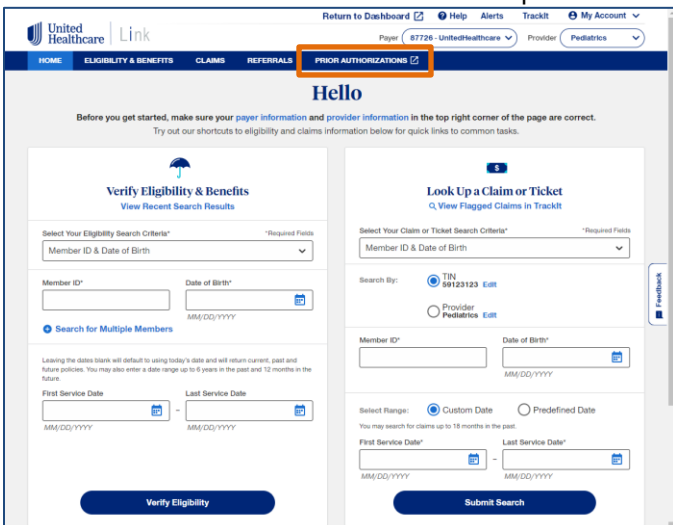
- From UHCprovider.com, select **Sign In**



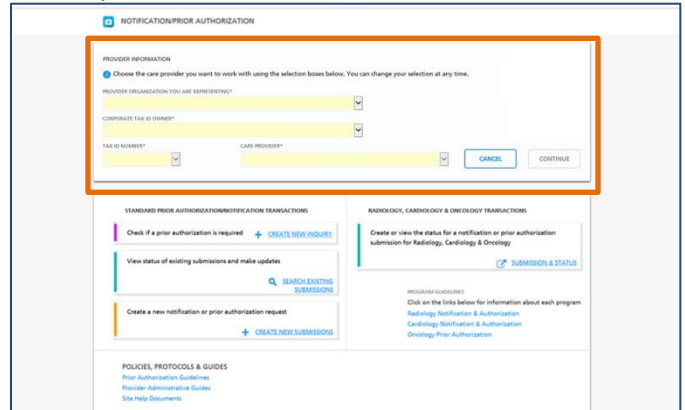
- Enter your One Healthcare ID and Password and sign in
- Open the **UnitedHealthcare Provider Portal**, if you have not chosen to go there automatically



- Select **Prior Authorizations** from the top menu bar

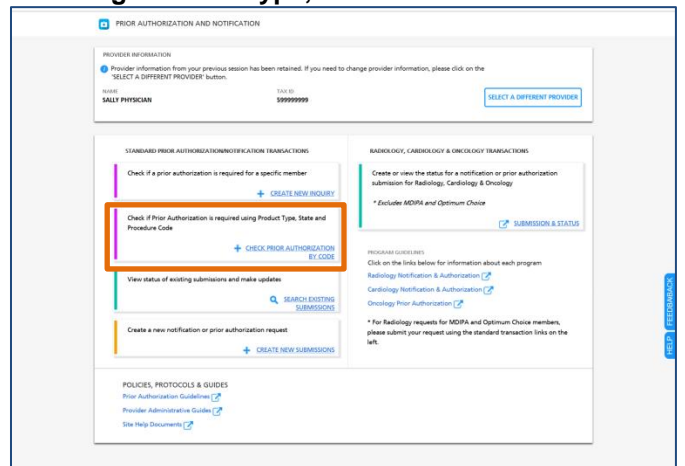


- The first time you access this self-service tool, you must select the Care Provider you represent from the pull-down menus then click Continue.



Check if a Prior Authorization is Required

- Select **Check if Prior Authorization is required using Product Type, State and Procedure Code**



Note: The Provider Information will default to the last chosen, but you may change the provider by clicking **Select a Different Provider**.

Complete the Form

NOTIFICATION/PRIOR AUTHORIZATION PROCEDURE CODE INQUIRY

PROVIDER INFORMATION
NAME: CHILDRENS HOSP ADDRESS: TAX ID: 977977977
SELECT A DIFFERENT PROVIDER

INQUIRY FORM * Required fields
We are gathering feedback on this new Prior Authorization look-up tool. Please share your thoughts using the Feedback button to the right.

PRODUCT TYPE* STATE*

PROCEDURE

Commercial
Medicaid
Medicare

ALABAMA
ALASKA
AMERICAN SAMOA
ARIZONA
ARKANSAS
ARMED FORCES AMERICA
ARMED FORCES EUROPE
ARMED FORCES PACIFIC
CALIFORNIA

CANCEL CONTINUE

HELP FEEDBACK

Choose the **Product Type** from the pull-down menu

Choose the **State** from the pull-down menu

INQUIRY FORM * Required fields
We are gathering feedback on this new Prior Authorization look-up tool. Please share your thoughts using the Feedback button to the right.

PRODUCT TYPE* STATE*

Commercial FLORIDA

PROCEDURE CODE*

775

77520 - PROTON TRMT SIMPLE W/O COMP
77522 - PROTON TRMT SIMPLE W/COMP
77523 - PROTON TRMT INTERMEDIATE
77525 - PROTON TREATMENT COMPLEX

CANCEL CONTINUE

HELP FEEDBACK

Enter at least the first 3 characters of a **Procedure Code** and select from the drop-down menu

NOTIFICATION/PRIOR AUTHORIZATION PROCEDURE CODE INQUIRY

PROVIDER INFORMATION
NAME: CHILDRENS HOSP ADDRESS: TAX ID: 977977977
SELECT A DIFFERENT PROVIDER

INQUIRY FORM * Required fields
We are gathering feedback on this new Prior Authorization look-up tool. Please share your thoughts using the Feedback button to the right.

PRODUCT TYPE* STATE*

Commercial FLORIDA

PROCEDURE CODE*

77520 Proton treatment delivery; simple, with [more](#)

Delete

CANCEL CONTINUE

HELP FEEDBACK

Once complete, select **Continue**

Response

NOTIFICATION/PRIOR AUTHORIZATION CASE STATUS SEARCH

PROVIDER INFORMATION
NAME: CHILDRENS HOSP ADDRESS: TAX ID: 977977977
[SELECT A DIFFERENT PROVIDER](#)

INQUIRY RESPONSE
We are gathering feedback on this new Prior Authorization look-up tool. Please share your thoughts using the Feedback button to the right.

PRODUCT TYPE: Commercial STATE: FLORIDA PROCEDURE CODE: 77520 Proton treatment delivery; simple, with [more](#)

IS PRIOR AUTHORIZATION REQUIRED?
⚠ Notification/Prior Authorization is required for this service.

PLACE OF SERVICE	REQUIRED	NOT REQUIRED	MAY BE REQUIRED	ADDITIONAL INFORMATION
Acute Hospital	●			
Ambulatory Surgical Center	●			
Outpatient Facility	●			
Home	●			
Office	●			

The search executed is based on data that you have selected. Your search is not a request for prior authorization and is not notification to UnitedHealthcare. Prior authorization requirements vary by benefit plan and the provider's participation status. Your search does not guarantee coverage. Coverage determinations are based on the member's benefit plan and eligibility for benefits, in addition to other criteria.

[RETURN TO SEARCH](#) [PROCEED WITH SUBMISSION](#)

HELP FEEDBACK

Review the Response

Proceed With Submission, if desired

NOTE: For some requests, you may be redirected to another place, such as the Radiology, Cardiology and Oncology tool in this example.

NOTIFICATION/PRIOR AUTHORIZATION CASE STATUS SEARCH

PROVIDER INFORMATION
NAME: CHILDRENS HOSP ADDRESS: TAX ID: 977977977
[SELECT A DIFFERENT PROVIDER](#)

INQUIRY RESPONSE
We are gathering feedback on this new Prior Authorization look-up tool. Please share your thoughts using the Feedback button to the right.

PRODUCT TYPE: Commercial STATE: FLORIDA PROCEDURE CODE: 33505 Repair of anomalous coronary artery from [more](#)

⚠ Prior Authorization can be determined using the following process:
Call OptumHealth at 1-888-936-7246 and then select option 4.
• May require Prior Authorization/Notification unless the member is in the UHC West Commercial Plan.
• May require Prior Authorization/Notification if procedure performed in TX or FL.

Notification or Prior Authorization does not confirm benefit coverage and is not a guarantee of coverage or payment.

[RETURN TO SEARCH](#) [PROCEED WITH SUBMISSION](#)

HELP FEEDBACK

Additional **Help Resources** are available at UHCprovider.com/portal