

# UnitedHealthcare® Medicare Advantage/ Peoples Health Plans prior authorization requirements

Effective April 1, 2026

## General information

This list contains prior authorization requirements for participating UnitedHealthcare Medicare Advantage health care professionals providing inpatient and outpatient services. This includes UnitedHealthcare Dual Complete® and other plans listed in the included plans section of this document. Health plans not included in the requirements are listed in the excluded plans section. Please submit your prior authorization requests in one of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on [UnitedHealthcare Provider Portal](#). To get started, go to **UHCprovider.com** and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Phone:** Call **877-842-3210**

Prior authorization is not required for emergency or urgent care.

Note: If you are a network health care professional who is contracted directly with a delegated medical group/Independent Practice Association (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. Prior authorization must also be obtained from the treating physician. See the [UnitedHealthcare Care Provider Administrative Guide](#) for more information. The following table includes plans requiring prior authorization for network services.

## Plans included

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 Group Medicare Advantage, Peoples Health

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

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

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

Erickson Advantage: Prior authorization is required on the following select set of services:

1. DME with expense greater than \$1,000
2. All out of network services when member requests coverage at in-network rates
3. Elective inpatient hospitalizations
4. Outpatient physical, speech and occupational therapy to members residing in long-term care facilities
5. Admission to non-Erickson home health care
6. Admission to a non-Erickson skilled nursing facility
7. Routine transportation
8. Experimental and investigational services
9. Potential cosmetic services
10. Transplants

UnitedHealthcare Dual Eligible Special Needs Plans (D-SNP) and Medicare Advantage benefit plans offered by UnitedHealthcare Community Plan are subject to an additional manual, as further described in the benefit plan section of the [2025 UnitedHealthcare Care Provider Administrative Guide](#). As explained in the benefit plan section, some UnitedHealthcare 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 care 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. These following plans are included.

## Delegated plans

### Arizona

The following groups are delegated to Banner Health Network:  
HCFAD7-661, HCFAD7-662, HCFA0D-60V, HCFA0F-60X

### Arizona - OptumCare

The following groups are delegated to OptumCare:  
90108, 90397, 90398, 90399, 90400, 90451, 90452, 90653, 90654, 90765, 90766, 90809, 90810, 90811, 90812, 90823, 90824, 90825, 90826, 90919, 90920, 90921, 90922, 90924, 90927, 90974, 90990, 91033, HCFA0B-60T, HCFA0C-60U, HCFA0D-60V, HCFA0E-60W, HCFA0F-60X, HCFAC9-660, HCFAD7-661, HCFAD7-662, HCFAH4-66S

### Colorado

The following groups are delegated to OptumCare:  
Groups 90091, 90092, 90093, 90094, 90095, 90096, 90225, 90227, 90229, 90231, 90233, 90235, 90237, 90239, 90241, 90243, 90245, 90247, 90249, 90251, 90621, 90627, 90841, 90843, 90845, 90847, 90849, 90850, 90851, 90852, 90853, 90854, 90855, 90856, 90977, 90979, 90981, 90983

Colorado: The following groups are delegated to PHP Prime: Groups 90224, 90226, 90228, 90230, 90232, 90234, 90236, 90238, 90240, 90242, 90244, 90246, 90248, 90250, 90628

### Connecticut

The following groups are delegated to Advantage Plus Network (OptumCare):  
27062, 27064, 27100, 27150, 27151, 27153, 27155, 27156, 90150, 90151, 90464, 90465, 90969, 90970

**Florida – The following groups are delegated to Florida-Preferred Care-WellMed:**

Groups 99790, 99791, 99795, 99797, 98151, 98152, 90215

**Florida – The following groups are delegated to WellMed:**

40199, 70341, 70342, 70343, 70344, 70345, 70346, 70347, 70348, 72790, 72811, 80192, 80193, 80194, 82940, 82958, 82960, 82962, 82969, 82970, 82977, 82978, 82980, 90028, 90078, 90079, 90086, 90349, 90350, 90351, 90352, 90359, 90360, 90403, 95115, 95116, 95117, 95118

**Georgia**

The following groups are delegated to OptumCare:

90372, 90373, 90374, 90375, 90458, 90467, 90753, 90756, 90757, 90951, 90952, 92109, 92111, 92113

**Hawaii**

The following groups are delegated to MDX:

90792, 90793, 90794, 90795, 90803, 90804, 90279

**Idaho**

The following groups are delegated to OptumCare:

38014, 44016, 90219, 90220, 90221, 90222, 90305, 90431, 90432, 90433, 90798, 90799, 90800, 90813, 90835, 90836, 90857, 90858, 90859, 90860, 90911, 90912, 90913, 92127, 92128

**Indiana**

The following groups are delegated to OptumCare:

00744, 00746, 00748, 00749, 00750, 00758, 90468, 90469, 90470, 90471, 90472, 90473, 90782, 90783, 90784, 90785, 90801, 90814, 90815, 90822, 90829, 90830, 90831, 90876, 90877, 90878, 90879, 90880, 90881

**Kansas**

The following groups are delegated to OptumCare:

Groups 90088, 90167, 90326, 90328, 90493, 90805, 90806, 90874, 90875, 90955, 90967

**Kentucky**

The following groups are delegated to OptumCare:

90002, 90044, 90047, 90076, 90077, 90137, 90141, 90485, 90488, 90492, 90929, 90935, 90936, 90937, 90942, 90956, 90959

**Missouri**

The following groups are delegated to OptumCare:

90152, 90168, 90327, 90329, 90474, 90494, 90495, 90634, 90807, 90808, 90918, 90933, 90960, 90961, 90968, 90971, 90972, 90973, 90988, 90989, 99932, 99936

**Nevada**

The following groups are delegated to OptumCare:

90008, 90009, 90027, 90202, 90205, 90207, 90209, 90210, 90212, 90214, 90253, 90255, 90264, 90265, 90266, 90267, 90269, 90499, 90752, 90953, 91629, 91630, 91633, 91643, 91646, 92011, 92012, 92013

**New Jersey**

The following groups are delegated to OptumCare:

90068, 90069, 90071, 90072, 09100, 09102, 09103, 92014, 92016, 90330

### **New Mexico**

The following groups are delegated to OptumCare:

38011, 38013, 90132, 90270, 90271, 90710, 90762, 90763, 90828, 90832, 90833, 90834, 90837, 90838, 90839, 90840, 90975, 90976

### **New Mexico**

The following groups are delegated to WellMed:

90280, 90282, 90284, 90786, 90789, 90861, 90862, 90865

### **New York**

The following groups are delegated to OptumCare:

09000, 09001, 09117, 09118, 41034, 90144, 90145, 90146, 90147, 90181, 90182, 90183, 90184, 90185, 90186, 90187, 90188, 90316, 90322, 90323, 90324, 90475, 90476, 90477, 90478, 90479, 90480, 90483, 90484, 90886, 90887, 90888, 90889

### **Ohio**

The following groups are delegated to OptumCare:

90001, 90043, 90045, 90046, 90048, 90049, 90138, 90486, 90487, 90489, 90490, 90491, 90496, 90895, 90925, 90926, 90928, 90930, 90931, 90932, 90934, 90938, 90939, 90940, 90941, 90943, 90944, 90945, 90946, 90948, 90957, 90958, 90962, 90963, 90964, 90965, 90966

**Oregon:** The following groups are delegated to OptumCare: Groups 90287, 90288, 90290, 90291, 90293, 90294, 90304, 90796, 90816, 90817, 90818, 90819, 90820, 90821, 90906, 90907, 90909, 90910, 92116, 92117, 90797

### **South Carolina**

The following groups are delegated to OptumCare:

90380, 90381, 90388, 90457, 90459, 90466, 90764, 90868, 90869, 90870, 90873, 90954, 90985, 90986, 90987

**Tennessee:** The following groups are delegated to OptumCare: Groups 90382, 90383, 90384, 90385, 90386, 90387, 90445, 90446, 90447, 90448, 90639, 90640, 90641, 90642, 90643

**Texas** – The following groups are delegated to HealthTexas Medical Group:

The following groups apply:

90258, 90713, 90715, 90719, 90721, 90730, 90770, 91635, 91637, 91640, 92124, 92142, TX99TXDSNPP9, TX99TXDSNPF9

## Texas – WellMed

The following groups apply:

00012, 00300, 00303, 00304, 00305, 00306, 00307, 00308, 00309, 00310, 17064, 72806, 72807, 72814, 72815, 77018, 77019, 90029, 90031, 90032, 90110, 90111, 90112, 90114, 90115, 90116, 90117, 90118, 90119, 90120, 90121, 90122, 90123, 90129, 90130, 90131, 90164, 90165, 90166, 90312, 90313, 90314, 90315, 90711, 90712, 90714, 90716, 90717, 90718, 90720, 90722, 90723, 90724, 90725, 90726, 90727, 90728, 90729, 90731, 90732, 90733, 90734, 90735, 90736, 90737, 90767, 90768, 90769, 90771, 90772, 90773, 90774, 90775, 90776, 90777, 90778, 90779, 90780, 90781, 90790, 90791, 90914, 90915, 90916, 90917, 91612, 91613, 91632, 91636, 91642, 91644, 96000, 99950, 99951, 99952, 99953, 99954, 99955, TX99TXDSNP5F, TX99TXDSNP5P, TX99TXDSNP5Q, TX99TXDSNPF1, TX99TXDSNPF2, TX99TXDSNPF3, TX99TXDSNPF8, TX99TXDSNPP1, TX99TXDSNPP2, TX99TXDSNPP3, TX99TXDSNPP8, TX99TXDSNPQ1, TX99TXDSNPQ2, TX99TXDSNPQ3, TX99TXSNH2FW, TX99TXSNH2PW, TX99TXSNH2QW, TX99TXSNPF6W, TX99TXSNPF8W, TX99TXSNPP6W, TX99TXSNPP8W, TX99TXSNPQ6D, TX99TXSNPQ8W

## Utah

The following groups are delegated to OptumCare:

42000, 42004, 42022, 42030, 90034, 90055, 90064, 90065, 90268, 90301, 90302, 90303, 91627, 91628, 92101, 92102

## Viginia:

The following groups are delegated to OptumCare:

Groups 90648, 90649, 90650, 90651, 90652

## Washington – Independent Clinics of Washington

The following groups apply:

90363, 90364, 90365, 90366, 90367, 90368, 90371, 90377, 90379, 90390, 90413, 90424, 90892, 90896, 90903, 91648, 91653, 91657, 92120

## Washington – OptumCare

The following groups apply:

90361, 90362, 90369, 90370, 90376, 90378, 90389, 90391, 90393, 90409, 90410, 90415, 90416, 90423, 90427, 90532, 90533, 90534, 90535, 90536, 90537, 90633, 90738, 90739, 90740, 90741, 90742, 90743, 90744, 90745, 90746, 90747, 90748, 90749, 90750, 90751, 90866, 90890, 90891, 90894, 90898, 90899, 90900, 90901, 90902, 91647, 91650, 91651, 91652, 91655, 91656, 92118, 92119

## Washington – Seattle Medical Group

The following groups apply:

90411. 90425. 90893. 90897. 90904. 91649. 91654. 91658. 92143

## Wisconsin

The following groups are delegated to OptumCare:

90439, 90453, 90455, 90508, 90509, 90510, 90511, 90512, 90513, 90514, 90515, 90516, 90517, 90518, 90519, 90520, 90521, 90522, 90523, 90524, 90525, 90526, 90527, 90528, 90529, 90530, 90617, 90618, 90619, 90620

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 see the [2025 UnitedHealthcare Care Provider Administrative Guide](#)

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

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				
<b>Breast reconstruction (non-mastectomy)</b>  <b>Plan exclusions:</b> None Reconstruction of the breast except when following mastectomy	Prior authorization required	19316  19318  19325  L8600	<b>Prior authorization is not required for the following diagnosis codes:</b>		
		C50.019 C50.112 C50.219 C50.411 C50.512 C50.619 C50.911 C50.021 C50.129 C50.321 C50.422 C50.529 C50.821 C50.922 D05.00 D05.11 D05.82	C50.011 C50.119 C50.311 C50.412 C50.519 C50.811 C50.912 C50.022 C50.221 C50.322 C50.429 C50.621 C50.822 C50.929 D05.01 D05.12 D05.91	C50.012 C50.211 C50.312 C50.419 C50.611 C50.812 C50.919 C50.121 C50.222 C50.329 C50.521 C50.622 C50.829 C79.81 D05.02 D05.80 D05.92	C50.111 C50.212 C50.319 C50.511 C50.612 C50.819 C50.029 C50.122 C50.229 C50.421 C50.522 C50.629 C50.921 D05.90 D05.10 D05.81 Z85.3

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Z90.10 Z42.1	Z90.11	Z90.12	Z90.13
<b>Cancer supportive care</b>	Prior authorization required for	J0185 J1453 J2506	J0897 J1454 J2820	J1442* J1627 J9021	J1447* J1952 J9061
<b>Plan exclusions:</b> Institutional Special Needs Plans (I-SNP) and MA DSNP (includes MA SCO OneCare)	colony-stimulating factor drugs and bone-modifying agent(s) administered in an outpatient setting for a cancer diagnosis	J9272 Q5110* Q5136	Q2055 Q5120 Q5157	Q5101 Q5122* Q5158	Q5108* Q5125* Q5159
		Antiemetic Drugs J1434 J1456 J2468			
		Colony Stimulating Factors J1449 Q5111 Q5148			
		Erythropoiesis Stimulating Agents J0885			
	*Codes J1442, J1447, J9332, Q5108, Q5110, Q5111, Q5122 and Q5125 also require prior authorization for non-oncology diagnosis (Dx). See injectable medications section.				
				For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com to sign in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>888-397-8129</b> .	

<b>Cardiology</b>	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology	Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com. Then, select the Prior Authorization and Notification on your dashboard. Or, you can call 877-842-3210.
<b>Plan exclusions:</b> UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO-SNP), (HMO-POS HMO-SNP), (PPO-SNP)		For more details and the list of CPT codes that require prior authorization, please visit Cardiology Prior Authorization and Notification.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	gy (EP) implants and stress echocardiogra ms prior to performance				
	For more information, please see the Cardiology Prior Authorization Protocol for Medicare Advantage section in the 2024 UnitedHealthcare Care Provider Administrative Guide.				

**Cardiovascular**

Plan exclusions:  
None

Prior  
authorization  
required

**Cardiology**

33285	93653	93656	37254*
37256*	37258*	37260*	37263*
37265*	37267*	37269*	37271*
37273*	37275*	37277*	37280*
37282*	37284*	37286*	37288*
37290*	37292*	37294*	37296*
E0616			

\*Prior authorization is not required for the following diagnosis codes:

E08.52	E09.52	E10.52	E11.52
E13.52	170.221	170.222	170.223
170.228	170.229	170.231	170.232
170.233	170.234	170.235	170.238
170.239	170.241	170.242	170.243
170.244	170.245	170.248	170.249
170.25	170.261	170.262	170.263
170.268	170.269	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		170.369	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	170.521	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	170.621	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	170.721	170.722	170.723
		170.728	170.729	170.731	170.732
		170.733	170.734	170.735	170.738
		170.739	170.741	170.742	170.743
		170.744	170.745	170.748	170.749
		170.761	170.762	170.763	170.768
		170.769	172.3	172.4	172.8
		172.9	177.2	177.70	177.72
		177.77	177.79	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
<b>Cartilage implants</b>  <b>Plan exclusions:</b> None	Prior authorization required	27415	27416		
<b>Chemotherapy</b>  <b>Plan exclusions:</b> I-SNP and MA DSNP (includes MA SCO OneCare)	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"> <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 HCPCS code</li> </ul> For notification, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and sign in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>888-397-8129</b> .			
<b>Cochlear and other auditory implants</b>  <b>Plan exclusions:</b> None	Prior authorization required	69714 L8690	69930 L8691	L8614 L8692	L8619

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech					
<b>Continuous Glucose monitor</b>	Prior authorization required	A4238	A4239	E2102	E2103
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	15878	15879	17106
<b>Plan exclusions:</b>		17107	17108	17999	21172
None		21175	21179	21180	21181
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Advance notification required for services, whether scheduled as inpatient or outpatient	21182	21183	21184	21230
		21235	21248	21249	21255
		21256	21260	21261	21263
		21267	21268	21275	21299
		28344	30540	30545	30560
		30620	31295	31296	31297
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		31298	31299	67900	67901
		67902	67903	67904	67906
		67908	67909	67912	67950
		67961	67966	Q2026	
<b>Durable medical equipment (DME)</b>	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.	Prior authorization required regardless of billed amount:			
		E0466	E0766	E1230	E1239
<b>Plan exclusions:</b>		E2510	K0801	K0806	K0808
Institutional Special Needs Plans (I-SNP)		K0831	K0835	K0836	K0837
		K0838	K0839	K0840	K0841
		K0842	K0843	K0848	K0849
		K0850	K0851	K0852	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0877	K0884
		K0890	K0891	K0898	K0899
		Prior authorization required only for a retail purchase or cumulative rental cost of more than \$1,000:			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		E0170	E0194	E0277	E0300
	Some payer	E0302	E0304	E0316	E0328
	groups may	E0329	E0373	E0483	E0616
	have	E0618	E0635	E0636	E0639
	different DME	E0640	E0692	E0693	E0694
	advance	E0740	E0761	E0764	E0770
	notification	E0784	E0984	E0986	E0988
	requirements	E1002	E1003	E1004	E1005
	for plan	E1006	E1007	E1008	E1009
	members	E1010	E1017	E1035	E1036
	through their	E1161	E1232	E1233	E1234
	benefit plans.	E1235	E1236	E1237	E1238
		E1399	K0108	K0455	K0730
	For				
	UnitedHealthcare Medicare Advantage plans:				
	Power mobility devices/accessories and lymphedema pumps require notification or prior authorization regardless of the cost.				
	The following Colorado and Arizona HMO/HMO-POS PBPs under CMS Contract H0609, have a preferred vendor relationship with Preferred Home Care, for select DME services, which may require authorization if				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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performed by different DME provider, other than Preferred Home Care, call 800-636-2123 for more information

**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

Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com. After you sign in, select the Prior Authorization and Notification on your dashboard. Or, you can call 877-842-3210.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	with us may include restrictions on referring plan members outside of the UnitedHealthcare network.	

Gender dysphoria treatment	Prior authorization required	55970	55980		
<b>Plan exclusions:</b>		These surgical codes, when billed with one of the following Dx codes:			
None		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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		64892	64896	92507	92508
<b>Home health care –</b> Applicable to Tennessee D-SNP only	Prior authorization required	S9122	S9123	S9123	T1000
<b>Hysterectomy (abdominal and laparoscopic surgeries) – Inpatient and outpatient procedures</b>	Prior authorization required	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570
<b>Plan exclusions:</b> None					
<b>Hysterectomy (vaginal) – Inpatient only</b>	No prior authorization required for outpatient vaginal hysterectomies	58260 58270 58294	58262 58290	58263 58291	58267 58292
<b>Plan exclusions:</b> None					
<b>Injectable medications</b>	Prior authorization required*				
Plan exclusions for therapeutic radiopharmaceuticals: Institutional Special Needs Plans (I-SNP)					
			<b>Anemia</b>		
			J0896 – Reblozyl		
			<b>Alzheimers</b>		
			J0174 – Leqembi		
			J0175 – Kisunla		
			<b>Asthma</b>		
			J2786 – Cinqair		
			J0517 – Fasenra		
			J2182 – Nucala		
			J2356 – Tezspire		
			<b>Bloody Modifying Agents</b>		
			J0223 – Givlaari		
			J1299 – Soliris		
			J1302 – Enjaymo		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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J1303 – Ultomiris

J1307 – PiaSky

J9332 – Vyvgart

J9333 – Rystiggo

J9334 – Vyvgart Hytrulo

Q5151 – Epysqli

Q5152 – Bkemv

**Bone Density Agents**

Q5158 – Connexence

J3111 – Evenity

J0897 – Prolia

Q5157 – Stoboclo

**Botulinum Toxins**

J0585 – Botox

J0586 – Dysport

J0587 – Myobloc

J0588 – Xeomin

J0589 – Daxxify

**Cardiology**

J1306 – Leqvio

**Central Nervous System Agents**

J0222 – Onpattro

J0225 – Amvuttra

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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J1301 – Radicava

J1304 – Qalsody

J2326 – Spinraza

J3032 – Vyepti

J9332 – Vyvgart

J9333 – Rystiggo

J9334 – Vyvgart Hytrulo

J9256 - Imaavy

**Endocrine**

J0224 – Oxlumo

J0584 – Crysvida

J2507 – Krystexxa

J3241 – Tepezza

**Gene Therapy**

J1411 – Hemgenix

J1412 – Roctavian

J1413 – Elevidys

J3392 – Beqvez

J3401 – Vyjuvek

J3398 – Luxturna

J3399 – Zolgensma

J3403 – Encelto

Q5136 – Jubbonti

J3404 – Papzimeos

**Procedures and services****Additional  
information****CPT® or HCPCS codes and/or  
how to obtain prior authorization**

Q5162 - Bildyos

**Hyaluronic Acid Polymers**

J7320 – Genvisc 850

J7321 – Hyalgan/Supartz/Supartz FX/Visco-3

J7322 – Hymovis

J7323 – Euflexxa

J7324 – Orthovisc

J7326 – Gel-One

J7327 – Monovisc

J7329 – TriVisc

J7331 – Synojoynt

J7332 – Triluron

**Immune Globulins (IVIG, SCIG)**

90283	90284	J1459	J1551
J1552	J1553	J1554	J1555
J1556	J1557	J1558	J1559
J1561	J1566	J1568	J1569
J1572	J1575	J1576	J1599

**Immune Modulator**

J0491 – Saphnelo

J9038 – Niktimvo

J1823 – Uplizna

J9381 – Tzielid

J9301 - Gazyva

**Inflammatory Conditions**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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J0129 – Orenzia

J1628 – Tremfya IV

J1747 – Spevigo

J2267 – Omvoh

J2327 – Skyrizi

J3247 – Cosentyx IV

J3358 – Stelara

J3380 – Entyvio

Q5098 – Imuldosa

Q5099 – Steqeyma

Q5100 – Yesintek

Q5138 – Wezlana

Q5156 – Avtozma

Q9997 – Pyzchiva

Q9998 – Selarsdi

Q9999 – Otulfi

**Infliximab**

J1745 – Remicade

**Intravenous Iron Replacement**

J1437 – Monoferric

J1439 – Injectafer

**Multiple Sclerosis**

J2329 – Briumvi

<b>Procedures and services</b>	<b>Additional information</b>	<b>CPT® or HCPCS codes and/or how to obtain prior authorization</b>
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J2350 – Ocrevus

J2351 – Ocrevus Zunovo

**Ophthalmologic Agents**

J2781 – Syfovre

J2782 – Izervay

**Rare Conditions**

J1305 – Evkeeza

J2998 – Ryplazim

J7171 – Adzynma

**Rituximab**

Q5123 – Riabni

Q5119 – Ruxience

Q5115 – Truxima

J9311 – Rituxan Hycela

J9312 – Rituxan

**Sickle Cell Disease**

J0791 – Adakveo

**Tocilizumab**

J3262 – Actemra

Q5133 – Tofidence

Q5135 – Tyenne

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

J0177 – Eylea HD

J0178 – Eylea

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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J0179 – Beovu

J2777 – Vabysmo

J2778 – Lucentis

J2779 – Susvimo

Q5124 – Byooviz

Q5128 – Cimerli

Q5147 – Pavblu

**White Blood Cell Colony Stimulating Factors**

J1442 – Neupogen

J1447 – Granix

J1449 – Rolvedon

J2506 – Neulasta

J9361 – Ryzneuta

Q5108 – Fulphila

Q5110 – Nivestym

Q5111 - Udenyca

Q5120 – Ziextenzo

Q5122 – Nyvepria

Q5125 – Releuko

Q5127 – Stimufend

Q5130 – Fylnetra

Q5148 – Nypozi

Q5101 - Zarxio

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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To submit a prior authorization, use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at [uhcprovider.com](http://uhcprovider.com). After you sign in, select the Prior Authorization link. From the “Create a new authorization submission” section, select Specialty Pharmacy from the dropdown menu. Or, you can call 888-397-8129

Unclassified and temporary codes\*

J3490      J3590      C9399      C9305

\* Kebilidi, Rivfloza, Starjemza

Inpatient admission	Notification required
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**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
- Critical access hospitals
- Long-term acute care hospitals
- Skilled nursing facilities

Home & Community Care (formerly naviHealth) manages prior authorization for in-scope membership.  
Phone: 855-851-1127

\*Peoples Health does not use Home & Community Care (formerly naviHealth). Enter authorization request using the UnitedHealthcare Provider Portal.

\*AIP DSNP plans should not route to naviHealth and are serviced by the Optum PACM team

Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at [UHCprovider.com](http://UHCprovider.com), select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.

Note: These plans are excluded from

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	the skilled nursing facility prior authorization requirement: UnitedHealthcare® Nursing Home Plans				
<b>Non-emergency air transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Plan exclusions:</b> None Non-urgent ambulance transportation by air between specified locations					
<b>Orthognathic surgery</b>	Prior authorization required	21120	21121	21122	21123
<b>Plan exclusions:</b> None Treatment of maxillofacial (jaw) functional impairment		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247		
<b>Orthopedic surgeries</b>	Prior authorization required	22100	22101	22102	22110
<b>Plan exclusions:</b> U.S. Virgin Island policies 67006, 67007, 67008, 24755, 25309, 23930, 97003, 97004, 97005, 97006, 97007, 97008		22112	22114	22206	22207
		22210	22212	22214	22220
		22222	22224	22532	22533
		22548	22551	22554	22556
		22558	22590	22595	22600
Spine and joint surgeries		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22867
		22869	22899	23470	23472
		24360	24361	24362	24363
		24365	25441	25442	25444
		25446	25449	27120	27122

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	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	

Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.

**Out-of-network services**

**Plan exclusions:** None

A recommendation from a network physician or health care professional to a hospital, physician or other health care professional who's out-of-network

Please note that your agreement with UnitedHealthcare may include restrictions directing plan members outside of the UnitedHealthcare network. Plan members who use out-of-network physicians, health care

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

professionals or facilities may have increased out-of-pocket expenses or no coverage.

Advance notification is required for 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 professional and the member's benefit plan doesn't include benefits for out-of-network services.

A network physician or health care professional directs a member to an out-of-



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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network facility, physician or other health care professional and the member's benefit plan includes benefits for out-of-network services – but there are no available in-network health care professionals for the type of specialty services needed.

A network physician or health care professional requests in-network cost-sharing or benefit level because there aren't in-network health care professionals for the type of specialty services needed.

<b>Outpatient therapy (PT/OT/ST, chiropractic)</b>  Plan Exclusions: UnitedHealthcare® Dual Complete plans,	Prior authorization is required for place of service	Physical, occupational and speech therapy (PT/OT/ST)			
	11-Office, 19-	92507	92508	92526	97012
		97016	97018	97022	97024
		97026	97028	97032	97033
		97034	97035	97036	97039

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans, Erickson Advantage, Preferred Care Network and Preferred Care Partners of Florida please contact the number on member ID card for prior authorization instructions), Peoples Health Plan, US Virgin Islands (9/1/24 – 12/31/25)	Off Campus-	97110	97112	97113	97116
	Outpatient-	97124	97139	97140	97150
	Hospital, 22-	97164	97168	97530	97533
	On-Campus	97535	97537	97542	97545
	Outpatient	97546	97750	97755	97760
	Hospital, 24-	97761	97799	G0283	
	Ambulatory				
	Surgical				
	Center, 49-	Chiropractic (only when below codes are billed with AT-modifier)			
	Independent	98940	98941	98942	
Clinic, and 62-					
Comprehensive					
Outpatient					
Rehabilitation					
Facility. For					
services in the					
home, please					
refer to the					
Home Health					
Services					
category					
<b>Pain management</b>	Prior	62350	62351	62360	62361
	authorization	62362			
	required				
<b>Plan exclusions:</b>					
None					
<b>Potentially unproven services (including experimental/investigational and/or linked services)</b>	Prior	28890	33289	36514	64405
	authorization	64722	64744	66180	95965
	required	95966	C2624		
<b>Plan exclusions:</b>	Services,				
None	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:				
	• Insufficient				
	and				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	inadequate clinical evidence from well-conducted randomized controlled trials Cohort studies in the prevailing published peer-reviewed medical literature				
<b>Private duty nursing</b>	Prior authorization is only required for procedure T1000 for the following group retiree plans only.	12268 12405 12413 12417 12423 12429 12434 12438 12443 12826 12986 13296 13464 13470 13519 13711 13875 15305 15331 15403 15408 15413 15417 15426 15550 15628 15632 15636 15640 15644 15672 15727	12350 12406 12414 12418 12424 12430 12435 12440 12444 12834 12987 13353 13465 13483 13522 13804 13895 15306 15336 15404 15409 15414 15418 15428 15605 15629 15633 15637 15641 15645 15673 15728	12394 12407 12415 12419 12427 12431 12436 12441 12445 12835 12988 13354 13466 13517 13523 13850 13896 15307 15337 15405 15410 15415 15424 15429 15606 15630 15634 15638 15642 15646 15725 15734	12404 12408 12416 12422 12428 12433 12437 12442 12446 12840 13295 13355 13467 13518 13546 13852 15304 15330 15375 15406 15412 15416 15425 15451 15627 15631 15635 15639 15643 15648 15726 15735

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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>Radiation therapy</b>	Prior authorization required	IGRT	77387		
<b>Plan exclusions:</b> MA DSNP (includes MA SCO OneCare)		Proton Beam Therapy (PBT)	77520		
			77522		
			77523		
			77525		
			Radiation Treatment Delivery	77402*	
				77407	
				77412	
			SRS/SBRT	77371	
				77372	
				77373	
				G0339	
				G0340	
			Special/Associated Services	77331	
			77370		
			77399		
			77470		
		Y90	S2095		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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<b>Radiation therapy (cont.)</b>		<p>79445</p> <p>*Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges: Applicable ICD10 codes for cancer types in scope for Hypofractionation:</p> <p>Bone Mets - ICD10: C79.51, C79.52</p> <p>Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A</p> <p>Prostate - ICD10: C61</p> <p>Applicable ICD10 codes for cancer types in scope for Conventional Fractionation: Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92</p> <p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.</p>
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<p><b>Radiology</b></p> <p><b>Plan exclusions:</b> UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO-SNP), (HMO-POS HMO-SNP), (PPO-SNP)</p>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p>	<p>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.</p> <p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com, select the Prior Authorization and</p>
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	<ul style="list-style-type: none"> <li>Certain positron emission tomography (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 2024 UnitedHealthcare Administrative Guide.</p>	<p>Notification tab on your dashboard. Or, you can call 877-842-3210.</p> <p>For more details and the CPT codes that require notification/prior authorization, please see Radiology Prior Authorization and Notification.</p>			
<b>Rhinoplasty</b>  <b>Plan exclusions:</b> None Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sleep apnea procedures and surgeries</b>  <b>Plan exclusions:</b> None Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of	Prior authorization required  Applies to inpatient or outpatient procedures and surgeries, including, but not limited to:	21685 42145	41512	41530	41599

Procedures and services		Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
obstructive sleep apnea	palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty.  Applies only for surgical sleep apnea procedures and not sleep studies					
<b>Spine surgery</b>		Prior authorization required	20930 22858	20931	20939	22854
<b>Plan exclusions:</b>	None					
<b>Stereotactic Radiosurgery</b>		Prior authorization required	77371	77372		
<b>Plan exclusions:</b>	MA DSNP (includes MA SCO OneCare)					
<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>	E0747	E0748	E0749	E0760
<b>Plan exclusions:</b>	None	<b>Neurostimulator</b>	61850	61863	61864	61867
Implantation of a device that sends electrical impulses			61868	61885	61886	63650
			63655	63685	64555	64568
			64590	L8682	L8683	

Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Therapeutic Radiopharmaceuticals</b>	Prior authorization required	A9513 A9615	A9590 A9699	A9606	A9607
<b>Plan exclusions:</b> MA DSNP (includes MA SCO OneCare)					
<b>Transplant of tissue or organs</b>	Prior authorization required	For cellular and gene therapy services, including Abecma, Amtagvi, Aucatzyl, Breyanzi, Carvykti, Casgevy, Kymriah, Lantidra, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Tecelra, Yescarta, Zevaskyn and Zynteglo please call 888-936-7246 or the notification number on the back of the member's health plan ID card			
<b>Plan exclusions:</b> 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		<b>Cellular and gene therapy</b>			
		J3387 J3393 Q2042 Q2056	J3389 J3394 Q2053 Q2057	J3391 J3402 Q2054 Q2058	J3392 Q2041 Q2055
		<b>Evaluation for transplant</b>			
		99205			
		<b>Bone marrow harvest</b>			
		38240	38241	38242	
		<b>Heart/lung</b>			
		33930	33935		
		<b>Heart</b>			
		33940	33944	33945	
		<b>Lung</b>			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		<b>Kidney</b>			
		50300	50320	50323	50340
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
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47146      50325      S2152

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

**Temporary and unclassified**

C9301\*    C9399\*    J3490\*    J3590\*

\*For unclassified code C9301, C9399, J3490 and J3590, notification/prior authorization is required for Amtagvi, Lantidra

Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.

<b>Vein procedures</b>	Prior authorization required	37243	37799		
<b>Plan exclusions:</b> 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 888-936-7246. Or, you can call the notification number on the back of the member’s health plan ID card.			
<b>Plan exclusions:</b> None		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			

\*For Peoples Health, enter prior authorization request including CPT codes listed above, using the UnitedHealthcare Provider Portal.

A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow

Use the Prior Authorization and Notification tool on the portal. After you sign in at UHCprovider.com, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.