

# UnitedHealthcare Medicare Advantage Prior Authorization Requirements

October 1, 2023

## 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”

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 2023 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 2023 UnitedHealthcare Care Provider Administrative Guide at [UHCprovider.com/guides](https://www.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)- Group 92004; AARP Medicare Advantage Choice Plan 2 (PPO) - Group 92007; AARP Medicare Advantage Patriot (PPO) - Groups: 92008, 92015; AARP Medicare Advantage Patriot (PPO) - Group 90108; AARP Medicare Advantage Walgreens Plan 1 (PPO) - Groups 92001, 92002; AARP Medicare Advantage Walgreens Plan 2 (PPO) - Group 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, 91014, 91015, 91016, 91017; AARP Medicare Advantage Choice Plan 2 (PPO) - Groups 90039, 90057, 91012, 91013; AARP Medicare Advantage Choice Rebate (PPO) - Groups 90097, 90133; 90134, 90135, 91018, 91019, 91020, 91021; AARP Medicare Advantage Walgreens (PPO)- Groups 90095, 90096, 91010, 91011

**Connecticut:** The following groups are delegated to Advantage Plus Network: AARP Medicare Advantage Choice (PPO)- Group 90125; AARP Medicare Advantage Choice (Regional PPO) - Groups 90150, 90151; AARP Medicare Advantage Choice Flex (PPO) - Group 90223; UnitedHealthcare Medicare Advantage Patriot (HMO-POS) - Groups - 27155, 27156, 27062, 27151, 27064, 27153, 27100, 27150

**Florida:** The following groups are delegated to WellMed Pf: Preferred Care Network MedicareMax (HMO) - Groups 98151, 98152; MedicareMax Chronic (HMO C-SNP)- Groups 90215, 98153, 98154, 98155; Preferred Care Partners: Preferred Choice Broward (HMO) - Group 99791; Preferred Choice Dade (HMO)-Group 99790; Preferred Choice Palm Beach(HMO)- Group 99797; Preferred Medicare Assist (HMO D-SNP) - Groups 99792, 99793, 99796; Preferred Medicare Assist Palm Beach (HMO D-SNP) - Groups 99798, 99799, 99800; Preferred Special Care Miami-Dade (HMO C-SNP) - Groups 99795

**Florida:** The following groups are delegated to WellMed: AARP Medicare Advantage (HMO-POS) - Groups 82958, 82960, 82969, 82977, 82980, 90028, 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-POS) - Group 82962; AARP Medicare Advantage Premier (HMO-POS) - 82978; UnitedHealthcare Medicare Advantage Walgreens (HMO-POS C-SNP) - Groups 95115, 95116, 95117, 95118; UnitedHealthcare The Villages Medicare Advantage (HMO-POS) - Group 82940; UnitedHealthcare The Villages Medicare Focus (HMO-POS) - Group 40199

**Georgia:** The following groups are delegated to OptumCare: AARP Medicare Advantage Choice Rebate (PPO) - Groups 92107, 92108; AARP Medicare Advantage Plus Plan 1 (HMO-POS) - Group - 92104; AARP Medicare Advantage Plus Plan 2 (HMO-POS) - Group 92105; AARP Medicare Advantage Walgreens (HMO-POS)- Group 92103; UnitedHealthcare Medicare Advantage Choice (Regional PPO) - Group - 92109, 9211; UnitedHealthcare Medicare Advantage Choice Plan 1 (PPO) - Group 92106; UnitedHealthcare Medicare Advantage Patriot (Regional PPO)- Group 92113; UnitedHealthcare Medicare Advantage Patriot (Regional PPO) - Group 92115

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

**Idaho:** The following groups are delegated to OptumCare: AARP Medicare Advantage (HMO-POS) - Group 90219; AARP Medicare Advantage Choice Plan 1 (PPO) - Group -90216; AARP Medicare Advantage Choice Plan 2 (PPO) - Group 90217; AARP Medicare Advantage Choice Plan 3 (PPO) - Group 90218; AARP Medicare Advantage Patriot (HMO-POS) - Group 90221; AARP Medicare Advantage Plan 1 (HMO-POS) - Groups 38014, 90220; AARP Medicare Advantage Plan 2 (HMO-POS) - Groups 44016, 90222; UnitedHealthcare Chronic Complete Assure (PPO C-SNP) - Groups 90305

**Kansas:** The following groups are delegated to OptumCare: AARP Medicare Advantage Choice Plan 1 (PPO) - Group 90193; AARP Medicare Advantage Choice Plan 2 (PPO) - Group 90326; AARP Medicare Advantage Patriot (PPO) - Group 90328; AARP Medicare Advantage Plan 1 (HMO-POS) - Group 90167; AARP Medicare Advantage Plan 2 (HMO-POS) - Group 90088

**Indiana:** The following groups are delegated to OptumCare/American Health Network Indiana: AARP Medicare Advantage (HMO-POS) - Groups 00744, 00748, 00749, 00750, 00755, 00758; AARP Medicare Advantage Choice (PPO) - Group - 90103; AARP Medicare Advantage Choice Plan 1 (PPO) - 67026, 67030, 67034, 90101; AARP Medicare Advantage Choice Plan 2 (PPO) - Groups 90126, 90127, 92018, 92020, 92021; AARP Medicare Advantage Focus (PPO) - Group 74000; AARP Medicare Advantage Patriot (PPO) - Group 90041; AARP Medicare Advantage Profile (HMO-POS) - Group 00746;

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

**Missouri:** The following groups are delegated to OptumCare: AARP Medicare Advantage Choice Plan 1 (PPO) - Groups 90194; AARP Medicare Advantage Choice Plan 2 (PPO) - Groups 90327; AARP Medicare Advantage Patriot (PPO) - Group - 90168; AARP Medicare Advantage Plan 1 (HMO-POS) - Group 90152; UnitedHealthcare Medicare Advantage Choice Plan 2 (Regional PPO) - Group 99932, 99936; UnitedHealthcare Medicare Advantage Choice Plan 3 (Regional PPO) - Group - 90053, 90054

**Nevada:** The following groups are delegated to Intermountain Healthcare Group (IHC): UnitedHealthcare AARP Medicare Advantage (HMO-POS) - Group 90204; AARP Medicare Advantage Premier (HMO-POS) - Group 90206; AARP Medicare Advantage Walgreens Plan 1 (HMO-POS) - Group 90213; UnitedHealthcare Dual Complete (HMO-POS D-SNP) - Group - 90011; UnitedHealthcare Medicare Advantage Assist (HMO-POS C-SNP) - Group 90211

**Nevada:** The following groups are delegated to OptumCare: AARP Medicare Advantage (HMO-POS) - Group 90202; AARP Medicare Advantage Choice (PPO) - Group 92011; AARP Medicare Advantage Patriot (PPO) - Group 92012; AARP Medicare Advantage Plan 1 (HMO-POS) - Group - 90209; AARP Medicare Advantage Plan 2 (HMO-POS) - Group 90214; AARP Medicare Advantage Premier (HMO-POS) - Group 90205; AARP Medicare Advantage Walgreens Plan 1 (HMO-POS) - 90212; AARP Medicare Advantage Walgreens Plan 2 (PPO) - Groups 90027, 92013; UnitedHealthcare Dual Complete (HMO-POS D-SNP) - Group 90008, 90009; UnitedHealthcare Medicare Advantage Assist (HMO-POS C-SNP) - Group 90210; UnitedHealthcare Medicare Advantage Focus (HMO-POS) - Group 90207

**New Jersey:** The following groups are delegated to OptumCare: AARP Medicare Advantage Choice (PPO) - Groups 92014, 92016; AARP Medicare Advantage Choice Premier (PPO) - Groups 90330; AARP Medicare Advantage Patriot (HMO-POS) - Groups 09100; AARP Medicare Advantage Plan 1 (HMO-POS) - Groups 09102, 09103; AARP Medicare Advantage Plan 2 (HMO-POS)- Group 90068, 90069; AARP Medicare Advantage Plan 3 (HMO-POS) - Groups 90071, 90072

**New Mexico:** The following groups are delegated to OptumCare: AARP Medicare Advantage (HMO-POS) - Groups 17087, 38011, 38013, 38018; AARP Medicare Advantage Choice Plan 1 (PPO) - Groups - 90035, 90037; AARP Medicare Advantage Choice Plan 2 (PPO) - Groups 79710, 79711; AARP Medicare Advantage Choice Rebate (PPO) - Groups 79751, 79752; 79755; 79756; AARP Medicare Advantage Patriot (PPO) - Group - 74062; 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 (HMO-POS) - Groups

90189, 90190, 90179, 90180, 90183, 90184, 90185, 90186, 90188; AARP Medicare Advantage Choice (PPO)- Groups 90316, 90318, 90319, 90320, 90321, 90322, 90323, 90324; AARP Medicare Advantage Mosaic Choice (PPO) - Groups 09000, 09001; AARP Medicare Advantage Patriot (HMO-POS) - Groups 90175, 90176; AARP Medicare Advantage Plan 1 (HMO-POS) - Group 90169, 90170. 90171, 90172; AARP Medicare Advantage Plan 2 (HMO-POS) - Groups 90177, 90178, 90181, 90182; AARP Medicare Advantage Premier Choice (PPO) - Groups 09002, 09003; AARP Medicare Advantage Prime (HMO-POS) - Groups - 90173, 90174; AARP Medicare Advantage Value Care (HMO-POS) - Groups 41034, 90187; 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) - 90144, 90145

**Ohio:** The following groups are delegated to OptumCare: AARP Medicare Advantage Choice (PPO) - Groups 90138, 90140; AARP Medicare Advantage Choice Flex (PPO) - Group 90049; AARP Medicare Advantage Choice Plan 4 (PPO) - Groups 92017; AARP Medicare Advantage Flex Plan 6 (HMO-POS) - Groups 90074; AARP Medicare Advantage Flex Plan 8 (HMO-POS) - Groups 90063; AARP Medicare Advantage Patriot (PPO) - Groups 90001; AARP Medicare Advantage Plan 1 (HMO-POS) - Groups 90007; AARP Medicare Advantage Plan 2 (HMO-POS) - Groups 90046, 90048; AARP Medicare Advantage Plan 3 (HMO-POS) - Group 90045; AARP Medicare Advantage Plan 5 (HMO-POS) - Group 90043; AARP Medicare Advantage Plan 7 (HMO-POS) - Group 90005

**Oregon:** The following groups are delegated to OptumCare: AARP Medicare Advantage Choice (PPO) - Groups 90081, 90604; AARP Medicare Advantage Patriot (PPO) - Groups 90085, 90607; AARP Medicare Advantage Walgreens (PPO) - Groups 90083, 90084, 90605, 90606; UnitedHealthcare Chronic Complete Assure (PPO C-SNP) - Groups 90304

**Texas:** The following groups are delegated to WellMed: AARP Medicare Advantage (HMO-POS) - Groups 00300, 00304, 00306, 00309, 90312, 90315; AARP Medicare Advantage Ally (HMO-POS) - Group 90129; AARP Medicare Advantage Choice (PPO)- Groups 17064, 17065, 17066, 72806, 72807, 72814, 72815, 77018, 77019, 79717, 79730, 90112, 90113, 90114, 90115; AARP Medicare Advantage Patriot (HMO-POS) - Groups 00308, 96000; AARP Medicare Advantage Plan 1 (HMO-POS) - Groups 90122, 90123; AARP Medicare Advantage Plan 2 (HMO-POS) - Groups 90116, 90117; AARP Medicare Advantage Walgreens (PPO) - Groups 90110, 90111; UnitedHealthcare Chronic Complete (HMO-POS C-SNP) - Groups 90117, 90119, 90120, 90121; UnitedHealthcare Chronic Complete Ally (HMO-POS C-SNP) - Group 90130; UnitedHealthcare Dual Complete (HMO-POS D-SNP) - Groups 00307, 90165; UnitedHealthcare Dual Complete (HMO-POS D-SNP) - Groups TX99TXDSNPF1, TX99TXDSNPF2, TX99TXDSNPF3, TX99TXDSNPP1, TX99TXDSNPP2, TX99TXDSNPP3, TX99TXSNH2FW, TX99TXSNH2PW; UnitedHealthcare Dual Complete Ally (HMO-POS D-SNP) - Groups 90131, 90164; UnitedHealthcare Dual Complete Choice (Regional PPO D-SNP) - Group 99952; UnitedHealthcare Dual Complete Choice Premier (PPO D-SNP) - Groups TX99TXSNPF1W, TX99TXSNPP1W; UnitedHealthcare Dual Complete Select (HMO-POS D-SNP) - Groups 00012, 00303, 00305, 00310, 90029, 9031, 90032, 90166, 90313, 90314, TX99TXDSNP5F, TX99TXDSNP5P; UnitedHealthcare Medicare Advantage Choice (Regional PPO) - Groups 99953, 99955; UnitedHealthcare Medicare Gold (Regional PPO C-SNP) - Groups 99951, 99954; UnitedHealthcare Medicare Silver (Regional PPO C-SNP) - Group 99950

**Utah:** The following groups are delegated to OptumCare: AARP Medicare Advantage Choice (PPO) - Group 90034; AARP Medicare Advantage Choice Rebate (PPO) - Groups 92101, 92102; AARP Medicare Advantage Patriot (HMO-POS) - Group 42004; AARP Medicare Advantage Plan 1 (HMO-POS) - Group 42000; AARP Medicare Advantage Plan 2 (HMO-POS) - Group 42030; UnitedHealthcare Dual Complete Choice (PPO D-SNP) - Group 90064; UnitedHealthcare Dual Complete Select (PPO D-SNP) - Group 90065; UnitedHealthcare Medicare Advantage Assist (HMO-POS C-SNP) - Group 90055

**Washington:** The following groups are delegated to OptumCare: AARP Medicare Advantage Choice (PPO) - Groups 90158, 90162, 90609; AARP Medicare Advantage Choice Plan 1 (PPO) - Group 90160, 90608; AARP Medicare Advantage Choice Plan 2 (PPO) - Group 90059, 90611; AARP Medicare Advantage Patriot (HMO-POS) - Group 90156; AARP Medicare Advantage Patriot (PPO) - Group 90058, 90610; AARP Medicare Advantage Plan 1 (HMO-POS) - Group 90153; AARP Medicare Advantage Plan 2 (HMO-POS) - Group 90155

**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 2023 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 Preferred Care Network and Preferred Care Partners of Florida groups above, please refer to the Preferred Care Network 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 <sup>®</sup> 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	19316	19318	19325	L8600
		<b>Prior authorization is not required for the following diagnosis codes:</b>			
		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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) (cont.)		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			

**Cancer Supportive Care Plan exclusions:**  
Institutional Special Needs Plans (ISNP)

Prior authorization required for colony-stimulating factor drugs and bone-modifying agent(s) administered in an outpatient setting for a cancer diagnosis

\*Codes J1442, J1447, J9332, Q5108, Q5110, Q5111, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.

**Anti-emetics that require prior authorization:**

**Akynzeo® (palonosetron/fosnetupitant)**

J1454

**Cinvanti™ (aprepitant)**

J0185

**Emend® (fosaprepitant)**

J1453

**SustoI® (granisetron extended release)**

J1627

**Injectable colony-stimulating factor drugs that require prior authorization:**

**Filgrastim (Neupogen®)**

J1442\*

**Filgrastim-aafi (Nivestym™)**

Q5110\*

**Filgrastim-sndz (Zarxio®)**

Q5101

**Pegfilgrastim (Neulasta®)**

J2506

**Pegfilgrastim-ppgf (Nyvepria™)**

Q5122\*

**Pegfilgrastim-bmez (Ziextenzo®)**

Q5120

**Pegfilgrastim-cbqv (UDENYCA™)**

Q5111\*

**Pegfilgrastim-jmdb (Fulphila™)**

Q5108\*

**Sargramostim (Leukine®)**

J2820

**Tbo-filgrastim (Granix®)**

J1447\*

**Trilaciclib (Cosela™)**

J1448

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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**Cancer Supportive Care (continued)**

**Filgrastim-ayow (Releuko®)**  
Q5125\*

**Bone-modifying agent that requires prior authorization:**

**Denosumab (Prolia®, Xgeva®)**  
J0897

**Antiemetic Drugs**  
J1456

**Colony Stimulating Factors**  
J1449

**Erythropoiesis Stimulating Agents**  
J0885

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call **888-397-8129**.

**Cardiology**

**Plan exclusions:**

UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)

Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology (EP) implants and stress echocardiograms prior to performance

For more information, please see the Cardiology Prior Authorization Protocol for Medicare Advantage section in the Administrative Guide.

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call **866-889-8054**.

For more details and the CPT® codes that require prior authorization, please visit **UHCprovider.com/priorauth > Cardiology**.

**Cardiovascular**

**Plan exclusions:**

None

Prior authorization required

Cardiology		Cardiology	
E0616	33285	93653	93656
37220*	37221*	37224*	37225*
37226*	37227*	37228*	37229*
37230*	37231*		

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

E08.52	E09.52	E10.52	E11.52
E13.52	I70.221	I70.222	I70.223
I70.228	I70.229	I70.231	I70.232

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cardiovascular (continued)		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	I70.321	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	I70.421	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	I70.521	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	I70.621	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	I70.721	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	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		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



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

<b>Chemotherapy</b>	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>			
<b>Plan exclusions:</b>					
Institutional Special Needs Plans (ISNP)		<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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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the Prior Authorization and Notification tool on your  
Provider Portal dashboard. Or, call  
**888-397-8129.**

<b>Cochlear and other auditory implants</b>	Prior authorization required	69714	69930	L8614	L8619
		L8690	L8691	L8692	
<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					
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	15878	15879	17106
	Advance notification required for services, whether scheduled as inpatient or outpatient	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				
<b>Durable medical equipment (DME)</b>	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.	<b>Prior authorization required regardless of billed amount:</b>			
		E0466	E0766	E1230	E1239
		E2510	K0801	K0806	K0808
		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
		Some payer groups may have different DME advance notification requirements	<b>Prior authorization required only for a retail purchase or cumulative rental cost of more than \$1,000:</b>		
	E0170		E0194	E0277	E0300
	<b>Durable medical equipment (DME)</b>				
<b>Plan exclusions:</b>					
Institutional Special Needs Plans (ISNP)					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (continued)</b>	for plan members through their benefit plans.	E0302	E0304	E0316	E0328
		E0329	E0373	E0483	E0616
	<b><u>For UnitedHealthcare Medicare Advantage plans:</u></b>	E0618	E0635	E0636	E0639
		E0640	E0692	E0693	E0694
	Power mobility devices/accessories and lymphedema pumps require notification or prior authorization regardless of the cost.	E0740	E0761	E0764	E0770
		E0784	E0984	E0986	E0988
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1017	E1035	E1036
		E1161	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1399	K0108	K0455	K0730
<b>End-stage renal disease/dialysis services</b> <b>Plan exclusions:</b> 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.  <b>Note:</b> 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 <b>866-561-7518</b> .			
<b>Gender dysphoria treatment</b> <b>Plan exclusions:</b> None	Prior authorization required	55970	55980		
		These <b>surgical codes, when billed</b> with one of the following <b>DX codes:</b>			
		<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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
		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, Alaska, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Nebraska, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, Washington DC, Wisconsin and Wyoming	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 888.815.1808. 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	
		58571	58572	58573		
<b>Plan exclusions:</b>						
None						
<b>Hysterectomy (vaginal) – inpatient only</b>	No prior authorization required for outpatient vaginal hysterectomies	58260	58262	58263	58267	
		58270	58290	58291	58292	
		58294				
<b>Plan exclusions:</b>						
None						

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications</b> <b>Plan exclusions for Therapeutic Radiopharmaceuticals:</b> Institutional Special Needs Plans (ISNP)	Prior authorization required*	<b>Adakveo®</b>			
		J0791			
		<b>Aduhelm™</b>			
		J0172			
		<b>Amvuttra™</b>			
		J0225			
		<b>Botulinim Toxins</b>			
		J0585	J0586	J0587	J0588
		<b>Briumvi®</b>			
		J2329			
		<b>Crysvita®</b>			
		J0584			
		<b>Enjaymo®</b>			
		J1302			
		<b>Entyvio™</b>			
		J3380			
		<b>Evkeeza™</b>			
		J1305			
		<b>Givlaari®</b>			
		J0223			
		<b>Hemgenix®</b>			
		J1411			
		<b>Immune Globulins (IVIG, SCIG)</b>			
		90283	90284	J1459	J1551
		J1554	J1555	J1556	J1557
		J1558	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1599			
		<b>Injectable Medications – Unclassified</b>			
		C9399	J3490	J3590	
		<b>Korsuva®</b>			
		J0879			
		<b>Krystexxa®</b>			
		J2507			
		<b>Leqembi®</b>			
		J0174			
		<b>Leqvio®</b>			
		J1306			
		<b>Luxturna™</b>			
		J3398			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<b>Nexviazyme®</b>				
	J0219				
	<b>Ocrevus™</b>				
	J2350				
	<b>Onpattro™</b>				
	J0222				
	<b>Orencia™</b>				
	J0129				
	<b>Oxlumo™</b>				
	J0224				
	<b>Panzyga®</b>				
	J1576				
	<b>Radicava®</b>				
	J1301				
	<b>Reblozyl®</b>				
	J0896				
	<b>Ryplazim®</b>				
	J2998				
	<b>Saphnelo™</b>				
	J0491				
	<b>Skyrizi®</b>				
	J2327				
	<b>Soliris</b>				
	J1300				
	<b>Spevigo®</b>				
	J1747				
	<b>Spinraza™</b>				
	J2326				
	<b>Syfovre®</b>				
	J2781				
<b>Tepezza®</b>					
J3241					
<b>Tezspire™</b>					
J2356					
<b>Therapeutic Radiopharmaceuticals*</b>					
A9513	A9590	A9606	A9607		
A9699					
<b>Tzield®</b>					
J9381					



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		<b>Unclassified and Temporary Codes**</b>			
		C9151	C9157	C9399	J3490
		J3590			
		<b>Ultomiris™</b>			
		J1303			
		<b>Uplizna®</b>			
		J1823			
		<b>Vabysmo®</b>			
		J2777			
		<b>Vyepti®</b>			
		J3032			
		<b>Vyvgart™</b>			
		J9332			
		<b>Zolgensma®</b>			
		J3399			
		*For prior authorization, please submit requests 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 on your Provider Portal dashboard. Or call <b>888-397-8129</b> .			
		**For unclassified and temporary codes C9151, C9157, C9399, J3490 and J3590, notification/prior authorization is only required for Elevidys, Qalsody, Vyjuvek			

Injectable medications – Step therapy Plan exclusions: Non-Employer Group Medicare Advantage	Prior authorization required	<b>Bone Density Agents</b>			
		J3111	J0897		
		<b>Colony-Stimulating Factors**</b>			
		J1442	J1447	J1449	Q5108
		Q5110	Q5122	Q5125	Q5127
		Q5130			
		<b>Erythropoiesis-Stimulating Agents</b>			
		J0885			
		<b>Hyaluronic Acid Polymers (FDA approved as medical devices)</b>			
		J7320	J7321	J7322	J7323
		J7324	J7326	J7327	J7329
		J7331	J7332		
		<b>Immunomodulators</b>			
		J1745	Q5104		
		<b>Intravenous Iron Products</b>			

- Erickson Advantage® plans: H5652-001 through H5652-008
- UnitedHealthcare Medicare Direct (Private Fee-For-Service, PFFS)
- Certain UnitedHealthcare Dual Complete plans:
  - Arizona: H0321-004
  - District of Columbia: H2228-045
  - Minnesota: H7778-001, H7778-002
  - New Jersey: H3113-005
  - New York: H3387-013

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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- Tennessee: H0251-004
- Virginia: H7464-005
- UnitedHealthcare Connected plans (Medicare-Medicaid)
- Massachusetts: H9239-001
- Ohio: H2531-001
- Texas: H7833-001
- UnitedHealthcare Senior Care Options in Massachusetts: H2226-001, H2226-003

**Employer Group Medicare Advantage:**

- All Group HMO plans
- Select Group PPO plans:
  - Navistar: H2001-869
  - Johnson & Johnson: H2001-869
  - Bristol-Myers Squibb: H2001-869
  - Verizon: H2001-869
  - United Auto Workers (UAW) Trust: H2001-875
  - U.S. Government of the Virgin Islands (USGVI): H2001-859, H2001-868

J1437      J1439

**Rituximab**

J9311      J9312      Q5123

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

J0178	J0179	J2777	J2778
J2779	Q5124	Q5128	

**\*\*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.**

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

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			
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**Note:** These plans are excluded from the skilled nursing facility prior authorization requirement:

- UnitedHealthcare® Nursing Home

<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>Orthotics</b>	Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000				
<b>Plan exclusions:</b>					
None					

<b>Orthopedic surgeries</b>	Prior authorization required	22100	22101	22102	22110
<b>Plan exclusions:</b>					
US Virgin Island policies 67006, 67007, 67008, 24755, 25309, 23930, 97003, 97004, 97005, 97006, 97007, 97008					
Spine and joint surgeries					
		22112	22114	22206	22207
		22210	22212	22214	22220
		22222	22224	22532	22533
		22548	22551	22554	22556
		22558	22590	22595	22600
		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	27445
		27446	27447	27486	27487
		27700	29834	29837	29838
		29840	29844	29845	29846
		29847	29866	29867	29868
		29891	29892	29894	29895
		29897	29898	29899	29914
		29915	29916	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63051	63055
		63056	63064	63075	63077
		63081	63085	63087	63090
		63101	63102	63170	63172
		63173	63185	63190	63191
		63197	63200	0200T	0201T

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

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

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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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A network physician or health care provider directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan includes benefits for out-of-network services – but there are no available in-network care providers for the type of specialty services needed.

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.

**Outpatient Therapy (PT/OT/ST, Chiropractic)**

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

**Physical, Occupational and Speech Therapy**

92507	92508	92521	92522
92523	92524	92526	92626
92627	96105	97012	97016
97018	97022	97024	97026
97028	97032	97033	97034
97035	97036	97039	97110
97112	97113	97116	97124
97139	97140	97150	97161
97162	97163	97164	97165
97166	97167	97168	97530
97533	97535	97537	97542
97545	97546	97750	97755
97760	97761	97799	G0129
G0281	G0282	G0283	

**Chiropractic**

98940	98941	98942
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**Optum providers:** For authorization in AR, GA, NJ, and SC, please submit requests online at [www.optumhealthphysicalhealth.com](http://www.optumhealthphysicalhealth.com) or call **800-873-4575**

**UHC Providers:** For authorization in AR, GA, NJ, and SC, online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](http://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool/Outpatient

**Procedures and Services**

**Additional Information**

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How to Obtain Prior Authorization**

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

<b>Pain Management</b> <b>Plan exclusions:</b> None	Prior authorization required	62350	62351	62360	62361
		62362			
<b>Potentially unproven services (including experimental/ investigational and/or linked services)</b> <b>Plan exclusions:</b> None	Prior authorization required	28890	33289	36514	64405
	Services, including medications, determined not to be effective for treatment of a medical condition	64722	64744	66180	95965
		95966	C2624		
		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			
<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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Private Duty Nursing (cont.)</b>		15305	15306	15307	15330
		15331	15336	15337	15375
		15403	15404	15405	15406
		15408	15409	15410	15412
		15413	15414	15415	15416
		15417	15418	15424	15425
		15426	15428	15429	15451
		15550	15605	15606	15627
		15628	15629	15630	15631
		15632	15633	15634	15635
		15636	15637	15638	15639
		15640	15641	15642	15643
		15644	15645	15646	15648
		15672	15673	15725	15726
		15727	15728	15734	15735
		15736	15737	15738	15739
		15740	15741	15742	15743
		15747	15748	15774	15780
		15782	15783	15784	15785
		15786	15787	15788	15789
		15790	15791	15792	15793
		15795	15802	15894	15895
		15937	15938	16175	16188
		16190	16191	16205	16206
		16207	16208	16233	16234
		16235	16236	16325	16326
		16327	27070		
<b>Prostate procedures</b> <b>Plan exclusions:</b> None	<ul style="list-style-type: none"> <li>Prior authorization required</li> </ul>	52441	52442		
<b>Prosthetics</b> <b>Plan exclusions:</b> None	Prior authorization required only for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000	L5301	L5856	L5968	L5981
		L5987			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiation Therapy</b>	Prior authorization required	<p><b>Image Guided Radiation Therapy (IGRT)</b> 77014      77387      G6001      G6002 G6017</p> <p><b>Prostate Spacer</b> 55874</p> <p><b>Proton Beam Therapy (PBT)</b> 77520      77522      77523      77525</p> <p><b>Special/Associated Services</b> 77331      77370      77399      77470</p> <p><b>Standard Radiation Therapy (2D/3D)</b> 77401      77402      77407      77412 G6003      G6004      G6005      G6006 G6007      G6008      G6009      G6010 G6011      G6012      G6013      G6014</p> <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>			
<b>Radiology</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 who request these Advanced Outpatient Imaging Procedures: <ul style="list-style-type: none"> <li>Certain PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul> For more information, please see the Outpatient Radiology Prior Authorization Protocol for Medicare Advantage section in the Administrative Guide.	Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.  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 notification/prior authorization, please visit <b>UHCprovider.com/priorauth</b> > Radiology.			
<b>Rhinoplasty</b> <b>Plan exclusions:</b> None	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462

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

**Site of service (SOS) – Outpatient hospital**

**Plan exclusions:**

- AK DSNP
- HI DSNP
- KY DSNP
- MA DSNP
- UT DSNP
- WI DSNP

Prior authorization is only required when requesting service in an outpatient hospital setting

Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC)

Prior authorization is not required for care providers in AK, HI, KY, MA, UT, WI

\*SOS Prior authorization is **NOT** required for these codes for Vermont and Maine

**Breast Lesion/Cyst/Tumor Removal**

19125

**Carpal Tunnel Surgery**

29848

**Colonoscopy and Biopsy\***

44388	44389	44391	44408
45330	45378	45379	45380
45381	45382	45384	45385
45386	45388	45389	45390
45393	G0105	G0121	

**Corneal Transplant**

65756

**Cystoscopy**

52000	52001	52005	52007
52204	52214		

**Deviated Septum Repair**

30520

**Eye Surgery**

65855	66183	66982	66984
67036	67040	67041	67042
67108	67113	67145	67210
67228	67917		

**Fractured Arm**

23615	23630	24515	24516
24665	24666	25545	25605
25606	25607	25608	25609

**Glaucoma Procedures**

65820 66170

**Hernia Repair**

49505	49521	49525	49550
49553	49650	49651	

**Knee Arthroscopy**

29870	29874	29875	29876
29877	29879	29880	29881
29888			

**Other Bladder Surgeries**

51720	51728	51729	52287
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (continued)		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		
		<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	

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>		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.  Applies only for surgical sleep apnea procedures and not sleep studies.	42145			
<b>Spine Surgery</b>	Prior authorization required	20930	20931	20939	22854
<b>Plan exclusions:</b> None		22858			
<b>Stimulators</b>	Prior authorization required				
<b>Plan exclusions:</b> None Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		61850	61863	61864	61867
		61868	61885	61886	63650
		63655	63685	64555	64568
		64590	L8682	L8683	
<b>Therapeutic radiology services</b>	Prior authorization required	<b>Intensity-modulated radiation therapy (IMRT)</b>			
<b>Plan exclusions:</b> None		77385	77386	G6015	G6016
		<b>Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT)</b>			
		77371	77372	77373	G0339
		G0340			
<b>Transplant of tissue or organs</b>	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptogene Cicleucel), Breyanzi®, Carvykti™ (Ciltacabtagene Autoleucel), Kymriah™ (tisagenlecleucel), Skysona® (elivaldogene autotemcel) Tecartus™ (brexucabtagene autoleucel), Yescarta™ (axicabtagene ciloleucel) and Zynteglo® (betibeglogene autotemcel) please call the Optum Transplant Case Management Team at			
<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>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Transplant of tissue or organs (continued)		<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
		47146	50325	S2152	
		<b>CAR T-cell Therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054
	Q2055	Q2056			

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

**Temporary and Unclassified**  
C9399\* J3490\* J3590\*

\*For unclassified code C9399, J3490 and J3590, notification/prior authorization is required for Skysona and Zynteglo



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<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>					
<b>Plan exclusions:</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.			
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			