

UnitedHealthcare Medicare Advantage prior authorization requirements

Effective July 1, 2020

General information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Medicare Advantage for inpatient and outpatient services. This includes UnitedHealthcare Dual Complete® and other plans listed in the following “Included plans” section. Health plans excluded from the requirements are listed in the “Excluded plans” section on page 2.

To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.
- **Phone:** Call **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 2019 UnitedHealthcare Care Provider Administrative Guide at UHCprovider.com/guides.

The following listed plans require prior authorization for in-network services:

Included plans

Subject to the UnitedHealthcare Provider Administrative Guide and 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® Medicare Advantage® plans for both individual and employer group members, UnitedHealthcare Medicare Gold and Silver plans and group retiree plans sold under UnitedHealthcare® Group Medicare Advantage (PPO).

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

UnitedHealthcare® Chronic Complete (CSNP)

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

UnitedHealthcare Dual Eligible Special Needs Plans (DSNP) and Medicare Advantage benefit plans offered by UnitedHealthcare Community Plan and subject to an additional manual, as further described in the benefit plan section of the 2020 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 (DSNP) 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 Plus (HMO-POS) – Groups 90108, 90109

Connecticut: The following groups are delegated to OptumCare: UnitedHealthcare Medicare Advantage Plan 1 (HMO) – Groups 27062, 27151; UnitedHealthcare Medicare Advantage Plan 2 (HMO) – Groups 27064, 27153; UnitedHealthcare Medicare Advantage Essential (HMO) – Groups 27155, 27156; UnitedHealthcare Medicare Advantage Plan 3 (HMO) – Groups 27100, 27150, AARP® Medicare Advantage Walgreens (PPO) – Group 90125

Florida: The following groups are delegated to WellMed: AARP® Medicare Advantage (HMO) – Group, 82969; AARP® Medicare Advantage (HMO-POS) – Groups 82980, 82958, 82960, 82977, 82978; AARP® Medicare Advantage Focus (HMO-POS) – Groups 70341, 82970; AARP® Medicare Advantage Plan 2 (HMO) – Group 82962; UnitedHealthcare The Villages Medicare Advantage 1 (HMO) – Group 82940; UnitedHealthcare The Villages Medicare Advantage 2 (HMO-POS) – Group 82971; AARP® Medicare Advantage Choice Plan 2 (Regional PPO) – Group 72811; AARP® Medicare Advantage Choice Essential (Regional PPO) Group 72790; AARP® Medicare Advantage Choice (PPO) – Groups 70342, 70343, 70344, 70345, 70346, 70347, 70348, 80192, 80193, 80194

Hawaii: The following groups are delegated to MDX: AARP® Medicare Advantage Choice (PPO) – Groups 77026, 77027; AARP® Medicare Advantage Choice Plan 1 (PPO) – Groups 77000, 77007; AARP® Medicare Advantage Choice Plan 2 (PPO) – Groups 77024, 77025; AARP® Medicare Advantage Choice Essential (PPO) – Groups 77003, 77008

Indiana: The following groups are delegated to WellMed/American Health Network Indiana: AARP® Medicare Advantage Choice (PPO) – Groups 67034, 90101, 90102, 90103, 90105, 90106; AARP® Medicare Advantage Choice Plan 1 (PPO) – Groups 67026, 67030; AARP® Medicare Advantage Choice Plan 2 (PPO) – Groups 90126, 90127, 90128; AARP® Medicare Advantage Focus (PPO) – Group 74000; AARP® Medicare Advantage Plan 1 (HMO-POS) – Groups 00744, 00745, 00748, 00749, 00750, 00751, 00755, 00756, 00758, 00759, 00761, 00762; AARP® Medicare Advantage Plan 2 (HMO-POS) – Group 00754; AARP® Medicare Advantage Profile (HMO-POS) – Groups 00746, 00747

New Jersey: The following groups are delegated to OptumCare: AARP® Medicare Advantage Essential (HMO) – Groups 09100, 09101; AARP® Medicare Advantage Plan 2 (HMO) – Groups 09102, 09103; AARP® Medicare Advantage Plan 1 (HMO) – Groups 09104, 09105, 09106, 09107; AARP® Medicare Advantage Plan 3 (HMO) – Groups 09108, 09109, 09110, 09111; AARP® Medicare Advantage Plan 4 (HMO) – Groups 09112, 09113, 09114, 09115

New Mexico: The following groups are delegated to WellMed: AARP® Medicare Advantage Choice (PPO) – Groups 79718, 79735

Texas: The following groups are delegated to WellMed: UnitedHealthcare Dual Complete® (HMO DSNP) – Group 00012; UnitedHealthcare Dual Complete® Focus (HMO DSNP) – Groups 00303, 00305, 00307, 00310; AARP® Medicare Advantage Focus (HMO) – Groups 00300, 00304, 00306, 00309, 00315; AARP® Medicare Advantage Focus Essential (HMO-POS) – Groups 00308, 96000; AARP® Medicare Advantage Choice (PPO) – Groups 79717, 79730, 90114, 90115; AARP® Medicare Advantage (HMO-POS) – Groups 90107, 90124; AARP® Medicare Advantage Plan 1 (HMO-POS) – Groups 90122, 90123; AARP® Medicare Advantage Plan 2 (HMO) – Groups 90116, 90117; AARP® **Medicare Advantage** Walgreens (PPO) – Groups 90110, 90111, 90112, 90113; UnitedHealthcare Chronic Complete (HMO CSNP) – Groups – 90118, 90119, 90120, 90121

Utah: The following groups are delegated to OptumCare: AARP® Medicare Advantage Plan 1 (HMO) – Groups 42000, 42024; AARP® Medicare Advantage Plan 2 (HMO) – Groups 42022, 42026; AARP® Medicare Advantage Essential (HMO) – Groups 42004, 42009; UnitedHealthcare Group Medicare Advantage – Group 42020; UnitedHealthcare Medicare Advantage Assure (PPO) – Group 42027; UnitedHealthcare Medicare Advantage Assist (HMO CSNP) – Groups 90055, 90056; AARP® Medicare Advantage Walgreens (HMO) – Group 42030

This prior authorization requirement does not apply to the following plans:

Excluded plans

The UnitedHealthcare Prior Authorization program does not apply to the following excluded benefit plans. However, these benefit plans may have separate notification or prior authorization requirements. For details, please refer to the 2020 UnitedHealthcare Care Provider Administrative Guide at [UHCprovider.com/guides](https://www.uhcprovider.com/guides).

Erickson Advantage® plans

UnitedHealthcare Medicare DirectSM (PFFS)

For the Medica and Preferred Care Partners of Florida groups above, please refer to the Medica Healthcare and Preferred Care Partners prior authorization requirements, located at UHCprovider.com/priorauth > Advance Notification and Plan Requirement Resources > Plan.

Other benefit plans such as Medicaid, CHIP and Uninsured that aren't Medicare Advantage plans. Requirement Resources.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Behavioral health services Plan exclusions: 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.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures Plan exclusions: None	Prior authorization required	20974	20975	20979	
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy Plan exclusions: None	Prior authorization required	11920	11921	11922	19316
		19318	19324	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19366
		19367	19368	19369	19370
		19371	19380	19396	L8600
		Prior authorization is not required for the following diagnosis codes:			
		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

continued



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Breast reconstruction (non-mastectomy) (continued)		C50.821 C50.822 C50.829 C50.921 C50.922 C50.929 C79.81 D05.90 D05.00 D05.01 D05.02 D05.10 D05.11 D05.12 D05.80 D05.81 D05.82 D05.91 D05.92 Z85.3 Z90.10 Z90.11 Z90.12 Z90.13 Z42.1
<p>Cancer supportive care</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> • Institutional Special Needs Plans (ISNP) • UnitedHealthcare West plans, with “WEST” printed on the ID card. This includes all benefit plans with the following Centers for Medicare & Medicaid Services (CMS) contract numbers (printed on the front of the ID card): H0543, H0609, H3749, H3805, or H459 	<p>Prior authorization is required for colony-stimulating factor drugs and bone-modifying agent(s) administered in an outpatient setting for a cancer diagnosis.</p> <p><i>*Codes J1442, J1447, Q5108, Q5110 and Q5120 also require prior authorization for non-oncology DX. See Injectable medications section below.</i></p>	<p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-sndz (Zarxio®) Q5101</p> <p>Pegfilgrastim (Neulasta®) J2505</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link.</p>

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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**Cancer supportive care
(continued)**

Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link 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 inpatient, outpatient and office-based electrophysiology (EP) implants prior to performance.

Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations 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 Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call **866-889-8054**.

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

Cardiovascular

Prior authorization required for lower-extremities angiogram

75710* 75716*

*Prior authorization is required for the following diagnosis codes:

E08.51	E08.52	E08.59	E08.621
E09.51	E09.52	E09.59	E09.621
E10.51	E10.52	E10.59	E10.621
E11.51	E11.52	E11.59	E11.621
E13.51	E13.52	E13.59	E13.621
I70.201	I70.202	I70.203	I70.208
I70.209	I70.211	I70.212	I70.213
I70.218	I70.219	I70.221	I70.222
I70.223	I70.228	I70.229	I70.231
I70.232	I70.233	I70.234	I70.235

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (continued)		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	170.291
		170.292	170.293	170.298	170.299
		170.301	170.302	170.303	170.308
		170.309	170.311	170.312	170.313
		170.318	170.319	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
		170.369	170.391	170.392	170.393
		170.399	170.401	170.402	170.403
		170.408	170.409	170.411	170.412
		170.413	170.418	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	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	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	170.591	170.592	170.593
		170.598	170.599	170.601	170.602

continued

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (continued)		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		I70.621	I70.622	I70.623	I70.628
		I70.629	I70.631	I70.632	I70.633
		I70.634	I70.635	I70.638	I70.639
		I70.641	I70.642	I70.643	I70.644
		I70.645	I70.648	I70.649	I70.661
		I70.662	I70.663	I70.668	I70.669
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	I70.721
		I70.722	I70.723	I70.728	I70.729
		I70.731	I70.732	I70.733	I70.734
		I70.735	I70.738	I70.739	I70.741
		I70.742	I70.743	I70.744	I70.745
		I70.748	I70.749	I70.761	I70.762
		I70.763	I70.768	I70.769	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672

continued



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (continued)		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
Chemotherapy Plan exclusions: <ul style="list-style-type: none"> Institutional Special Needs Plans (ISNP) UnitedHealthcare West plans, with “WEST” printed on the ID card. This includes all benefit plans with the following CMS contract numbers (printed on the front of the ID card): H0543, H0609, H3749, H3805 or H459. 	Notification is 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"> Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642) Chemotherapy injectable drugs that have a Q code 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 For notification, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129 .			
Cochlear and other auditory implants Plan exclusions: None A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69714	69715	69718	69930
		L8614	L8619	L8690	L8691
		L8692			
Cosmetic and reconstructive procedures	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		17106	17107	17108	17999

continued



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<p>Cosmetic and reconstructive procedures (continued)</p> <p>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p> <p>Plan exclusions: None</p>	<p>Advance notification is required for services, whether scheduled as inpatient or outpatient</p>	<p>21172 21181 21230 21255 21263 21299 28344 30620 31298 67903 67909 67966</p>	<p>21175 21182 21235 21256 21267 21740 30540 31295 67900 67904 67912 Q2026</p>	<p>21179 21183 21248 21260 21268 21742 30545 31296 67901 67906 67950</p>	<p>21180 21184 21249 21261 21275 21743 30560 31297 67902 67908 67961</p>	
<p>Durable medical equipment (DME)</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Institutional Special Needs Plans (ISNP) 	<p>Prosthetics are not DME for UnitedHealthcare Medicare Advantage plan members – see Prosthetics and Orthotics.</p> <p>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.</p> <p>Some payer groups may have different DME advance notification requirements for plan members through their benefit plans.</p>	<p>Prior authorization required regardless of billed amount:</p>				<p>E0466 E1230 E1239 E2310 E2311 E2321 K0800 K0801 K0802 K0806 K0808 K0812 K0813 K0814 K0815 K0816 K0820 K0821 K0822 K0823 K0824 K0825 K0826 K0827 K0828 K0829 K0830 K0831 K0835 K0836 K0837 K0838 K0839 K0840 K0841 K0842 K0843 K0848 K0849 K0850 K0851 K0852 K0853 K0854 K0855 K0856 K0857 K0858 K0859 K0860 K0861 K0862 K0863 K0864 K0869 K0870 K0871 K0877 K0878 K0879 K0880 K0884 K0885 K0886 K0890 K0891 K0898 K0899</p>

continued



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (continued)	<u>For UnitedHealthcare Medicare Advantage plans:</u>	Prior authorization required only for a retail purchase or cumulative rental cost of more than \$1,000:			
Power mobility devices/accessories and lymphedema pumps require notification or prior authorization regardless of the cost.		E0170	E0193	E0194	E0246
		E0277	E0300	E0302	E0304
		E0316	E0328	E0329	E0350
		E0373	E0459	E0462	E0465
		E0483	E0603	E0616	E0617
		E0618	E0635	E0636	E0639
		E0640	E0692	E0693	E0694
		E0700	E0710	E0740	E0746
		E0761	E0764	E0770	E0782
		E0783	E0784	E0785	E0786
		E0830	E0970	E0983	E0984
		E0986	E0988	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1011
		E1017	E1018	E1020	E1029
		E1030	E1035	E1036	E1037
		E1050	E1070	E1084	E1085
		E1086	E1087	E1089	E1100
		E1110	E1161	E1170	E1171
		E1172	E1180	E1190	E1195
		E1200	E1222	E1224	E1227
		E1228	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1270	E1280
		E1295	E1296	E1297	E1298
		E1310	E1399	E1500	E1510
		E1520	E1530	E1540	E1550
		E1560	E1575	E1580	E1590
		E1592	E1594	E1600	E1615
		E1620	E1625	E1630	E1632
		E1634	E1635	E1636	E1637

continued

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Durable medical equipment (DME) (continued)		E1639 E1699 E1812 K0020 K0037 K0039 K0044 K0046 K0047 K0050 K0051 K0056 K0065 K0072 K0073 K0098 K0105 K0108 K0455 K0609 K0730 K0743 K0744 K0745 K0746
End-stage renal disease/dialysis services Services for the treatment of end-stage renal disease (ESRD) require advance notification, including outpatient dialysis services Plan exclusions: None	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 isn't required for ESRD when a UnitedHealthcare Medicare Advantage plan member travels outside of the service area. Note: Your agreement with us may include restrictions on referring plan members outside of the UnitedHealthcare network.	To enroll or refer a UnitedHealthcare Medicare Advantage plan member to the Optum Kidney Resource Service, please call 866-561-7518 .

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment Plan exclusions: None	Prior authorization required	55970 55980 These surgical codes, when billed with one of the following DX codes: 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 64892 64896 92507 92508			
Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures Plan exclusions: None	Prior authorization required	58150 58152 58180 58541 58542 58543 58544 58550 58552 58553 58554 58570 58571 58572 58573			
Hysterectomy (vaginal) – inpatient only Plan exclusions: None	No prior authorization required for outpatient vaginal hysterectomies	58260 58262 58263 58267 58270 58275 58280 58290 58291 58292 58293 58294			
Injectable medications	Prior authorization required	Adakveo® J0791 Crysvita® J0584 Givlaari® J0223			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<p>Injectable medications (continued)</p> <p>Plan exclusions for therapeutic radiopharmaceuticals:</p> <ul style="list-style-type: none"> • Institutional Special Needs Plans (ISNP) • UnitedHealthcare West plans, with “WEST” printed on the ID card. This includes all benefit plans with the following CMS contract numbers (printed on the front of the ID card): H0543, H0609, H3749, H3805 or H4590. 		<p>Luxturna™ J3398</p> <p>Onpattro™ J0222</p> <p>Radicava® J1301</p> <p>Reblozyl® J0896</p> <p>Soliris J1300</p> <p>Spinraza™ J2326</p> <p>Therapeutic radiopharmaceuticals* A9513 A9590 A9606 A9699</p> <p>Ultomiri™ J1303</p> <p>Zolgensma® J3399</p> <p>*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129.</p>
<p>Injectable medications – Step therapy</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> • Private Fee for Service • Erickson Advantage • People’s Health in LA • Employer group Medicare Advantage plans participate in the Hyaluronic Acid Step Therapy program only, with the following exceptions: 	<p>Prior authorization required</p>	<p>Colony-stimulating factors** J1442 J1447 Q5108 Q5110 Q5120</p> <p>Erythropoiesis-stimulating agents J0881 J0885*</p> <p>Hyaluronic acid polymers (FDA-approved as medical devices) J7320 J7321 J7322 J7323 J7324 J7326 J7327 J7329</p>

continued

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<ul style="list-style-type: none"> All Group HMO plans <p>Injectable medications – Step therapy (continued)</p> <p>Plan exclusions:</p> <ul style="list-style-type: none"> Select Group PPO plans: <ul style="list-style-type: none"> Pfizer Navistar Johnson & Johnson Bristol-Myers Squibb Verizon Plans offered in: <ul style="list-style-type: none"> Arizona California Colorado Hawaii Nevada Washington 		<p>J7331 J7332 J7333</p> <p>Immunomodulators</p> <p>J1745 Q5121</p> <p>* For code J0885, prior authorization is required for Procrit only (does not include Epogen).</p> <p>** For codes J1442, J1447, Q5108 and Q5110, prior authorization is required for both oncology and non-oncology DX.</p> <p>For oncology DX, please see the Cancer supportive care section above.</p>

Inpatient admission	Notification required																																																																															
<p>Inpatient admissions – post-acute services</p>	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> Acute care hospitals Acute inpatient rehabilitation Critical access hospitals Long-term acute care hospitals Skilled nursing facilities <p>Note: These plans are excluded from the skilled nursing facility prior authorization requirement:</p> <ul style="list-style-type: none"> UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP) UnitedHealthcare® Nursing Home 	<p>naviHealth manages prior authorization for in-scope membership. The naviHealth continued care program has a rolling launch throughout 2021.</p> <p>Phone: 855-851-1127</p> <p>Fax: 844-244-9482</p> <p>Markets in scope for naviHealth Prior Authorization:</p> <table border="1"> <thead> <tr> <th>1-1-2021</th> <th>2-1-2021</th> <th>4-1-2021</th> <th>6-1-2021</th> <th>8-1-2021</th> <th>10-1-2021</th> </tr> </thead> <tbody> <tr> <td>CA</td> <td>CT</td> <td>AR</td> <td>AZ</td> <td>AL</td> <td>AK</td> </tr> <tr> <td>GA</td> <td>FL</td> <td>DC</td> <td>CO</td> <td>MA</td> <td>DE</td> </tr> <tr> <td>IL</td> <td>NJ</td> <td>KS</td> <td>IA</td> <td>ME</td> <td>HI</td> </tr> <tr> <td>IN</td> <td>NY</td> <td>KY</td> <td>MI</td> <td>NH</td> <td>ID</td> </tr> <tr> <td>MO</td> <td></td> <td>MD</td> <td>MN</td> <td>RI</td> <td>LA</td> </tr> <tr> <td>NC</td> <td></td> <td>OK</td> <td>ND</td> <td>TN</td> <td>MS</td> </tr> <tr> <td>OH</td> <td></td> <td>OR</td> <td>NE</td> <td>VT</td> <td>MT</td> </tr> <tr> <td>TX</td> <td></td> <td>SC</td> <td>NM</td> <td></td> <td>NV</td> </tr> <tr> <td></td> <td></td> <td>VA</td> <td>SD</td> <td></td> <td>PA</td> </tr> <tr> <td></td> <td></td> <td>WA</td> <td></td> <td></td> <td>UT</td> </tr> <tr> <td></td> <td></td> <td>WI</td> <td></td> <td></td> <td>WV</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>WY</td> </tr> </tbody> </table>	1-1-2021	2-1-2021	4-1-2021	6-1-2021	8-1-2021	10-1-2021	CA	CT	AR	AZ	AL	AK	GA	FL	DC	CO	MA	DE	IL	NJ	KS	IA	ME	HI	IN	NY	KY	MI	NH	ID	MO		MD	MN	RI	LA	NC		OK	ND	TN	MS	OH		OR	NE	VT	MT	TX		SC	NM		NV			VA	SD		PA			WA			UT			WI			WV						WY
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Inpatient admissions – post-acute services (continued)		<p>The continued care program leverages innovative technologies and care coordination services to support members throughout their entire post-acute journey – from the time they’re discharged from the acute setting to returning home.</p> <p>naviHealth does not manage prior authorization for otherwise delegated plans including WellMed and OptumCare and certain other provider delegations. Please refer to Delegated plans in this document and follow direction on the member’s ID card for proper intake.</p>			
Non-emergency air transport Non-urgent ambulance transportation by air between specified locations Plan exclusions: None	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial (jaw) functional impairment	Prior authorization required	21120	21121	21122	21123
		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		
Orthotics Plan exclusions: None	Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0112	L0140	L0150	L0170
		L0200	L0220	L0452	L0462
		L0464	L0466	L0468	L0480
		L0482	L0484	L0486	L0622
		L0623	L0624	L0629	L0631
		L0632	L0634	L0636	L0638
		L0700	L0710	L0810	L0820
		L0830	L0859	L0999	L1000
		L1001	L1005	L1200	L1300
		L1310	L1499	L1630	L1640
		L1680	L1685	L1700	L1710

continued



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics (continued)		L1720	L1730	L1755	L1834
		L1844	L1904	L1920	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2040	L2050	L2060	L2070
		L2080	L2090	L2126	L2136
		L2232	L2320	L2387	L2520
		L2525	L2526	L2627	L2628
		L2800	L2861	L3160	L3201
		L3202	L3203	L3204	L3206
		L3207	L3208	L3209	L3211
		L3212	L3213	L3214	L3215
		L3250	L3251	L3252	L3253
		L3254	L3255	L3257	L3265
		L3320	L3485	L3649	L3674
		L3720	L3764	L3765	L3766
		L3891	L3900	L3901	L3904
		L3921	L3956	L3961	L3967
		L3971	L3973	L3975	L3976
		L3977	L3978	L4000	L4030
		L4040	L4045	L4050	L4055
		L4631			
Orthopedic surgeries	Prior authorization required	22100	22101	22102	22110
Spine and joint surgeries		22112	22114	22206	22207
Plan exclusions: None		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	22864
		22865	22867	22869	22899

continued



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthopedic surgeries (continued)		23470	23472	24360	24361
		24362	24363	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27445
		27446	27447	27486	27487
		29866	29867	29868	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	63180	63182	63185
		63190	63191	63194	63195
		63196	63197	63198	63199
		63200	0200T	0201T	J7330
Out-of-network services 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 Plan exclusions: None	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.				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<p>Out-of-network services (continued)</p>	<p><u>Advance notification is required for UnitedHealthcare Medicare Advantage plan members in the following circumstances:</u></p> <p>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.</p> <p>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.</p> <p>A network physician or health care provider requests in-network cost sharing or benefit level because there aren’t in-network care providers for the type of specialty services needed.</p>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<p>Potentially unproven services (including experimental/ investigational and/or linked services)</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p> <p>Services, including medications, determined not to be effective for treatment of a medical condition</p> <p>Services determined not to have a beneficial effect on health outcomes, due to:</p> <ul style="list-style-type: none"> • Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials • Cohort studies in the prevailing published peer-reviewed medical literature 	28890	36514	64405	64722
		64744	66180	95965	95966
<p>Prosthetics</p> <p>Plan exclusions: None</p>	<p>Prior authorization is required only for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000.</p>	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5700
		L5701	L5702	L5703	L5707
		L5724	L5726	L5728	L5780
		L5781	L5782	L5795	L5814
		L5818	L5822	L5824	L5826

continued

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Prosthetics (continued) Plan exclusions: None		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5930	L5960	L5961	L5966
		L5968	L5973	L5979	L5980
		L5981	L5987	L5988	L5990
		L6000	L6010	L6020	L6026
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6380
		L6382	L6384	L6400	L6450
		L6500	L6550	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6624	L6638
		L6646	L6648	L6693	L6696
		L6697	L6707	L6709	L6712
		L6713	L6714	L6715	L6721
		L6722	L6880	L6881	L6882
		L6883	L6884	L6885	L6895
		L6900	L6905	L6910	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7499
		L8035	L8039	L8041	L8042
		L8043	L8044	L8049	L8499
		L8505	L8604	L8609	L8699

Radiology

Prior authorization required for participating physicians who request these Advanced Outpatient Imaging Procedures:

Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<p>Radiology (continued)</p> <p>Plan exclusions: UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)</p>	<ul style="list-style-type: none"> Certain PET scans Nuclear medicine and nuclear cardiology procedures <p>For more information, please see the Outpatient Radiology Prior Authorization Protocol for Medicare Advantage section in the Administrative Guide.</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT® codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Radiology.</p>			
<p>Rhinoplasty Treatment of nasal functional impairment and septal deviation Plan exclusions: None</p>	<p>Prior authorization required</p>	<p>30400 30435 30465</p>	<p>30410 30450</p>	<p>30420 30460</p>	<p>30430 30462</p>
<p>Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea Plan exclusions: None</p>	<p>Prior authorization required</p> <p>Applies to inpatient or outpatient procedures and surgeries, including, but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty</p> <p>Applies only for surgical sleep apnea procedures and not sleep studies</p>	<p>21685 42145</p>	<p>41512</p>	<p>41530</p>	<p>41599</p>
<p>Stimulators Implantation of a device that sends electrical impulses Plan exclusions: None</p>	<p>Prior authorization required</p>	<p>Bone-growth stimulator</p> <p>E0747 E0748 E0749 E0760</p> <p>Neurostimulator</p> <p>61850 61863 61864 61867 61868 61885 61886 63650 63655 63685 64555 64568 64590</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<p>Therapeutic radiology services</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p>	<p>Intensity-modulated radiation therapy (IMRT)</p> <p>77385 77386 G6015 G6016</p> <p>Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT)</p> <p>77371 77372 77373 G0173</p> <p>G0251 G0339 G0340</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054. For UnitedHealthcare Medicare Advantage therapeutic radiation prior authorization requirements and instructions, please visit UHCprovider.com/priorauth > Oncology.</p>
<p>Transplant of tissue or organs</p> <p>Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation</p> <p>Request for transplant or transplant-related services prior to pre-treatment or evaluation</p> <p>Plan exclusions: None</p>	<p>Prior authorization required</p>	<p>For transplant and CAR T-cell therapy services, including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the Optum Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.</p> <p>Evaluation for transplant</p> <p>99205</p> <p>Bone marrow harvest</p> <p>38240 38241 38242</p> <p>Heart/lung</p> <p>33930 33935</p> <p>Heart</p> <p>33940 33944 33945</p> <p>Lung</p> <p>32850 32851 32852 32853</p> <p>32854 32856 S2060 S2061</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplant of tissue or organs (continued)		Kidney 50300 50320 50323 50340 50360 50365 50370 50380 50547 Pancreas 48551 48552 48554 Liver 47135 47143 47147 Intestine 44132 44133 44135 44136 Services related to transplants 32855 33933 38208 38209 38210 38212 38213 38214 38215 38232* 44137 44715 44720 44721 47133 47140 47141 47142 47144 47145 47146 50325 S2152 CAR T-cell therapy 0537T 0538T 0539T 0540T Q2041 Q2042 * Code 38232 will only require prior authorization for an oncology diagnosis			
Vein procedures 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 Plan exclusions: None	Prior authorization required	36473 36475 36478 37700 37718 37722 37780			
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow Plan exclusions: None		Please call the Optum VAD Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card. 33927 33928 33929 33975 33976 33979 33981 33982 33983			