

UnitedHealthcare Medicare Advantage/ Peoples Health prior authorization requirements

effective November 1, 2024

General information

This list contains prior authorization requirements for participating UnitedHealthcare Medicare Advantage health care professionals providing inpatient and outpatient services. This includes UnitedHealthcare Dual Complete® and other plans listed in the included plans section of this document. Health plans not included in the requirements are listed in the excluded plans section. Please submit your prior authorization requests in 1 of the following ways:

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

Prior authorization is not required for emergency or urgent care.

Note: If you are a network health care professional who is contracted directly with a delegated medical group/Independent Practice Association (IPA), then you must follow the delegate's protocols. Delegates may use their own systems and forms. They must meet the same regulatory and accreditation requirements as UnitedHealthcare.

Plans with referral requirements: If a member's health plan ID card says, Referral Required, certain services may require a referral from the member's primary care provider. Prior authorization must also be obtained from the treating physician. See the 2024 UnitedHealthcare Care Provider Administrative Guide for more information. The following table includes plans requiring prior authorization for network services.

Plans included

Medicare plans subject to the UnitedHealthcare West Non-Capitated Supplement

Medicare Advantage HMO, HMO-POS, PPO and Regional PPO plans, including AARP® Medicare Advantage, UnitedHealthcare The Villages Medicare Advantage, UnitedHealthcare Medicare Advantage plans for both individual and employer group members, Peoples Health

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

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

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

UnitedHealthcare Dual Eligible Special Needs Plans (D-SNP) and Medicare Advantage benefit plans offered by UnitedHealthcare Community Plan are subject to an additional manual, as further described in the benefit plan section of the **2024 UnitedHealthcare Care Provider Administrative Guide**. As explained in the benefit plan section, some UnitedHealthcare D-SNP and Medicare Advantage benefit plans offered by UnitedHealthcare Community Plan are not subject to an additional manual and are therefore subject to the administrative guide.

In some instances, we have delegated prior authorization services to a care provider group. In these cases, the For Providers section on the back of the member's ID card will list the delegated group managing the prior authorization process. These following plans are included.

Delegated plans

Arizona

The following groups are delegated to Banner Health Network:
HCFAD7-1ZH, HCFAD7-1ZI, HCFA0D-1YJ, HCFA0F-1ZN

Arizona – OptumCare

The following groups are delegated to OptumCare:
90108, 90765, 90766, 90809, 90810, 90811, 90812, 90823, 90824, 90825, 90826, 90827, 90919, 90920, 90921, 90922, 90923, 90924, 90927, 90974, 90990, HCFA0B-1XV, HCFA0C-1XZ, HCFA0D-1YJ, HCFA0E-1YK, HCFA0F-1ZN, HCFAC9-1ZG, HCFAD7-1ZI, HCAFD7-1ZH, HCFAH4-1ZE

Colorado

The following groups are delegated to OptumCare:

90039, 90057, 90091, 90092, 90093, 90094, 90095, 90096, 90097, 90133, 90134, 90135, 90841, 90842, 90843, 90844, 90845, 90846, 90847, 90848, 90849, 90850, 90851, 90852, 90853, 90854, 90855, 90856, 90871, 90872, 90977, 90978, 90979, 90980, 90981, 90982, 90983, 90984, 91010, 91011, 91012, 91013, 91014, 91015, 91016, 91017, 91018, 91019, 91020, 91021, HCFAJ5-1XX, HCFAJ6-1XY, HCFAJ8-1YA, HCFA80-1H5, HCFA81-1K3, HCFA55-1VM, HCFA56-1D3, HCFA92-1L5, HCFA0G-1D4, HCFA0H-1E4, HCFA2S-1ZW

Connecticut

The following groups are delegated to Advantage Plus Network (OptumCare):

27062, 27064, 27100, 27150, 27151, 27153, 27155, 27156, 90150, 90151, 90969, 90970

Florida – WellMed PF

99790, 99791, 99792, 99793, 99795, 99796, 99797, 99798, 99799, 99800, 98151, 98152, 98153, 98154, 98155, 90215

Florida – WellMed

40199, 70341, 70342, 70343, 70344, 70345, 70346, 70347, 70348, 72790, 72811, 80192, 80193, 80194, 82940, 82958, 82960, 82962, 82969, 82970, 82977, 82978, 82980, 90028, 90078, 90079, 90086, 90089, 95115, 95116, 95117, 95118

Georgia

The following groups are delegated to OptumCare:

90753, 90754, 90755, 90756, 90757, 90949, 90950, 90951, 90952, 92109, 92111, 92113

Hawaii

The following groups are delegated to MDX:

90792, 90793, 90794, 90795, 90803, 90804

Idaho

The following groups are delegated to OptumCare:

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

Indiana

The following groups are delegated to OptumCare/American Health Network Indiana:

00744, 00746, 00748, 00749, 00750, 00755, 00758, 90782, 90783, 90784, 90785, 90801, 90802, 90814, 90815, 90822, 90829, 90830, 90831, 90876, 90877, 90878, 90879, 90880, 90881

Kansas

The following groups are delegated to OptumCare:

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

Kentucky

The following groups are delegated to OptumCare:

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

Missouri

The following groups are delegated to OptumCare:

90152, 90168, 90327, 90329, 90807, 90808, 90918, 90933, 90947, 90960, 90961, 90968, 90971, 90972, 90973, 90988, 90989, 99932, 99936

Nevada

The following groups are delegated to OptumCare:

90008, 90009, 90027, 90202, 90205, 90207, 90209, 90210, 90212, 90214, 90752, 90953, 91629, 91630, 91633, 91643, 91646, 92011, 92012, 92013

New Jersey

The following groups are delegated to OptumCare:

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

New Mexico

The following groups are delegated to OptumCare:

17087, 38011, 38013, 38018, 90132, 90710, 90762, 90763, 90828, 90832, 90833, 90834, 90837, 90838, 90839, 90840, 90861, 90862, 90865, 90975, 90976

New Mexico

The following groups are delegated to WellMed:

90786, 90789

New York

The following groups are delegated to OptumCare:

09000, 09001, 09002, 09003, 09117, 09118, 41034, 90142, 90143, 90144, 90145, 90146, 90147, 90148, 90149, 90169, 90170, 90171, 90172, 90173, 90174, 90175, 90176, 90177, 90178, 90181, 90182, 90183, 90184, 90185, 90186, 90187, 90188, 90189, 90190, 90316, 90318, 90319, 90320, 90321, 90322, 90323, 90324, 90882, 90883, 90884, 90885, 90886, 90887, 90888, 90889

Ohio

The following groups are delegated to OptumCare:

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

South Carolina

The following groups are delegated to OptumCare:

90764, 90868, 90869, 90870, 90873, 90954, 90985, 90986, 90987

Texas – Health TX

The following groups apply:

90713, 90715, 90719, 90721, 90730, 90770, 91635, 91637, 91640, 92122, 92124, 92142

Texas – WellMed

The following groups apply:

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

Utah

The following groups are delegated to OptumCare:

42000, 42004, 42022, 42030, 90034, 90055, 90064, 90065, 91627, 91628, 92101, 92102

Washington – Independent Clinics

The following groups apply:

90892, 90896, 90903, 91648, 91653, 91657, 92120

Washington – OptumCare

The following groups apply:

90153, 90155, 90156, 90738, 90739, 90740, 90741, 90742, 90743, 90744, 90745, 90746, 90747, 90748, 90749, 90750, 90751, 90866, 90890, 90891, 90894, 90898, 90899, 90900, 90901, 90902, 91647, 91650, 91651, 91652, 91655, 91656, 92118, 92119

Washington – Seattle Medical Group

The following groups apply:

90893, 90897, 90904, 91649, 91654, 91658, 92143

Wisconsin

The following groups are delegated to OptumCare:

90508, 90509, 90510, 90511, 90512, 90513, 90514, 90515, 90516, 90517, 90518, 90519, 90520, 90521, 90522, 90523, 90524, 90525, 90526, 90527, 90528, 90529, 90530

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

Excluded plans

The UnitedHealthcare prior authorization program does not apply to the following excluded benefit plans. However, these benefit plans may have separate notification or prior authorization requirements. For details, please see the **2024 UnitedHealthcare Care Provider Administrative Guide**.

Erickson Advantage[®] plans

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

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 Plan exclusions: None Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975		20979
Breast reconstruction (non-mastectomy) Plan exclusions: None Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19325	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					

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 PCA-3-24-00774-Clinical-QRG_04122024



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

Cancer supportive care

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 diagnosis (Dx). See injectable medications section.

Plan exclusions:

Institutional Special Needs Plans (I-SNP)

Anti-emetics that require prior authorization:

Akynzeo™ (palonosetron/fosnetupitant)

J1454

Cinvanti® (aprepitant)

J0185

Emend® (fosaprepitant)

J1453

Sustol® (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-appg (Nyvepria®)

Q5122*

Pegfilgrastim-cbqv (Udenyca®)

Q5111*

Pegfilgrastim-jmdb (Fulphila®)

Q5108*

Sargramostim (Leukine®)

J2820

Tbo-filgrastim (Granix®)

J1447*

Trilaciclib (Cosela™)

J1448

Filgrastim-ayow (Releuko®)

Q5125*

Bone-modifying agent that requires prior authorization:

Denosumab (Prolia®, Xgeva®)

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Cancer supportive care (cont.)		J0897
		<u>Antiemetic drugs</u>
		J1456
		<u>Colony-stimulating factors</u>
		J1449
		<u>Erythropoiesis-stimulating agents</u>
		J0885
		For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com to sign in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 .

Cardiology	<p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology (EP) implants and stress echocardiograms prior to performance</p> <p>For more information, please see the Cardiology Prior Authorization Protocol for Medicare Advantage section in the 2024 UnitedHealthcare Care Provider Administrative Guide.</p>	<p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com. Then, select the Prior Authorization and Notification on your dashboard. Or, you can call 877-842-3210.</p> <p>For more details and the list of CPT codes that require prior authorization, please visit Cardiology Prior Authorization and Notification.</p>

Cardiovascular	Prior authorization required	E0616	33285	Cardiology	93653	93656
Plan exclusions: None		37220*	37221*	Vascular	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
I70.233	I70.234	I70.235	I70.238

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		T82.818	T82.868	S81.801	S81.802
		A	A	A	A
		S81.809	S91.301	S91.302	S91.309
		A	A	A	A
		M86.05	M86.05	M86.05	M86.06
		1	2	9	1
		M86.06	M86.06	M86.07	M86.07
		2	9	1	2

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		M86.07			
		9	M86.08	M86.09	M86.1
			M86.15	M86.15	M86.15
	M86.10	1	2	9	
	M86.16	M86.16	M86.16	M86.17	
	1	2	9	1	
	M86.17	M86.17			
	2	9	M86.18	M86.19	
		M86.25	M86.25	M86.25	
	M86.20	1	2	9	
	M86.26	M86.26	M86.26	M86.27	
	1	2	9	1	
	M86.27	M86.27			
	2	9	M86.28	M86.29	
		M86.35	M86.35	M86.35	
	M86.30	1	2	9	
	M86.36	M86.36	M86.36	M86.37	
	1	2	9	1	
	M86.37	M86.37			
	2	9	M86.38	M86.39	
		M86.45	M86.45	M86.45	
	M86.40	1	2	9	
	M86.46	M86.46	M86.46	M86.47	
	1	2	9	1	
	M86.47	M86.47			
	2	9	M86.48	M86.49	
		M86.55	M86.55	M86.55	
	M86.50	1	2	9	
	M86.56	M86.56	M86.57	M86.57	
	1	2	1	2	
	M86.57				
	9	M86.58	M86.59	M86.60	
	M86.65	M86.65	M86.65	M86.66	
	1	2	9	1	
	M86.66	M86.66	M86.67	M86.67	
	2	9	1	2	
	M86.67			M86.8X	
	9	M86.68	M86.69	0	
	M86.8X	M86.8X	M86.8X	M86.8X	
	5	6	7	8	
	M86.8X				
	9	M86.9	I96	L03.115	
	L03.116	Q27.30	Q27.32	Q27.39	
				S35.511	
		Q27.8	Q27.9	Q87.2	A
	S35.512	T82.312	T82.318	T82.319	A
	A	A	A	A	
T82.338	T82.392	T82.398	T82.399		
A	A	A	A		
T82.898					
A	I73.00	I73.01	I73.1		
I73.81					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cartilage implants	Prior authorization required	27415	27416		
Plan exclusions: None					
Chemotherapy	Notification required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require notification:			
Plan exclusions: I-SNP		<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 HCPCS code 			
		For notification, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 .			
Cochlear and other auditory implants	Prior authorization required	69714 L8690	69930 L8691	L8614 L8692	L8619
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					
Continuous Glucose monitor	Prior authorization required	A4238	A4239	E2102	E2103
Cosmetic and reconstructive procedures	Prior authorization required	11960 15822 15877 17107 21175 21182 21235 21256 21267 21740	11971 15823 15878 17108 21179 21183 21248 21260 21268 21742	15820 15830 15879 17999 21180 21184 21249 21261 21275 21743	15821 15847 17106 21172 21181 21230 21255 21263 21299 28344
Plan exclusions: None Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Advance notification required for services, whether scheduled as inpatient or outpatient	30540 31295 31299 67903 67909 67966	30545 31296 67900 67904 67912 Q2026	30560 31297 67901 67906 67950	30620 31298 67902 67908 67961

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME)	Prosthetics are not DME for UnitedHealthcare Medicare Advantage plan members – see prosthetics and orthotics.	Prior authorization required regardless of billed amount:			
	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.	E0466	E0766	E1230	E1239
Plan exclusions: Institutional Special Needs Plans (I-SNP)	Some payer groups may have different DME advance notification requirements for plan members through their benefit plans.	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
		Prior authorization required only for a retail purchase or cumulative rental cost of more than \$1,000:			
		E0170	E0194	E0277	E0300
		E0302	E0304	E0316	E0328
		E0329	E0373	E0483	E0616
		E0618	E0635	E0636	E0639
		E0640	E0692	E0693	E0694
		E0740	E0761	E0764	E0770
		E0784	E0984	E0986	E0988
		E1002	E1003	E1004	E1005
	For UnitedHealthcare Medicare Advantage plans:	E1006	E1007	E1008	E1009
	Power mobility devices/accessories and lymphedema pumps require notification or prior authorization regardless of the cost.	E1010	E1017	E1035	E1036
		E1161	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1399	K0108	K0455	K0730

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
End-stage renal disease/dialysis services Plan exclusions: None Services for the treatment of end-stage renal disease (ESRD) require advance notification – includes outpatient dialysis services	Advance notification is required if a plan member is referred to an out-of-network provider for dialysis services. The purpose of steering to an in-network dialysis center is to avoid high cost-shares for plan members, even when they may have out-of-network benefits. Advance notification/prior authorization isn't required for ESRD when a UnitedHealthcare Medicare Advantage plan member travels outside of the service area. Note: Your agreement with us may include restrictions on referring plan members outside of the UnitedHealthcare network.	Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com . After you sign in, select the Prior Authorization and Notification on your dashboard. Or, you can call 877-842-3210 .

Gender dysphoria treatment	Prior authorization required	55970	55980		
Plan exclusions:		These surgical codes, when billed with one of the following Dx codes:			
None		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758
		15775	15776	15780	15781
		15782	15783	15788	15789
		15792	15793	19303	21899
		31599	31899	53410	53420
		53425	53430	54125	54400
		54401	54405	54408	54520
		54660	54690	55175	55180
		55866	56625	56800	56805
		57106	57110	57291	57292
		57295	57296	57335	57426

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment (cont.)		58661	58720	58940	64856
		64892	64896	92507	92508
Home health care – Applicable to Tennessee D-SNP <u>only</u>	Prior authorization required	S9122	S9123	S9124	
Home health care – Managed by Home & Community Care (formerly naviHealth)	Prior authorization is only required for members residing in and receiving services in Alaska, Alabama, Arkansas, California, Colorado, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Nebraska, New Mexico, Nevada, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee**, Texas, Utah, Virginia, Washington, Wisconsin and Wyoming	99503	99505	G0151	G0152
		G0153	G0155	G0156	G0157
		G0158	G0159	G0160	G0161
		G0162	G0299	G0300	G0493
		G0494	G0495	G0496	G2168
		G2169	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 at access.navihealth.com . Or, you can fax the information to 888-815-1808. For questions, please call 855-851-1127.			
		*Peoples Health does not use Home & Community Care (formerly naviHealth). Enter authorization request through UHCprovider.com .			
		Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com . After you sign in, select the Prior Authorization and Notification on your dashboard. Or, you can call 877-842-3210 .			
**See above for Tennessee D-SNP requirements.					
NOTE: This requirement does not apply to Florida D-SNP.					
Hysterectomy (abdominal and laparoscopic surgeries) – Inpatient and outpatient procedures	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Plan exclusions:					
None					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Hysterectomy (vaginal) – Inpatient only	No prior authorization required for outpatient vaginal hysterectomies	58260	58262	58263	58267
		58270	58290	58291	58292
		58294			
Plan exclusions: None					
Injectable medications	Prior authorization required*	Adakveo			
Plan exclusions for therapeutic radiopharmaceuticals: Institutional Special Needs Plans (I-SNP)		J0791			
		Aduhelm			
		J0172			
		Adzyna			
		J7171			
		Amvuttra			
		J0225			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		J0589			
		Bone density agents**			
		J3111	J0897		
		Briumvi			
		J2329			
		Colony-stimulating factors**			
		J1442	J1447	J1449	Q5108
		Q5110	Q5120	Q5122	Q5125
		Q5127	Q5130		
		Consentyx IV			
		J3247			
	Crysvita				
	J0584				
	Elevidys				
	J1413				
	Enjaymo				
	J1302				
	Entyvio				
	J3380				
	Evkeeza				
	J1305				
	Givlaari				
	J0223				
	Hemgenix				
	J1411				
	Hyaluronic acid polymers**				
	J7320	J7321	J7322	J7323	
	J7324	J7326	J7327	J7329	
	J7331	J7332			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)		Immune globulins (IVIG, SCIG)**		
		90283	90284	J1459
		J1554	J1555	J1556
		J1558	J1559	J1561
		J1568	J1569	J1572
		J1576	J1599	J1575
		Infliximab**		
		J1745		
		Intravenous iron products**		
		J1437	J1439	
		Izervay		
		J2782		
		Jubbonti Wyost		
		Q5136		
		Kisunla		
		J0175		
		Krystexxa**		
		J2507		
		Leqembi		
		J0174		
		Leqvio**		
		J1306		
		Luxturna		
		J3398		
		Qalsody		
		J1304		
		Ocrevus		
		J2350		
		OmvoH		
		J2267		
		Onpattro		
		J0222		
	Orencia			
	J0129			
	Oxlumo			
	J0224			
	Radicava			
	J1301			
	Reblozyl			
	J0896			
	Rituximab**			
	J9311	J9312	Q5123	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Roctavian				
	J1412				
	Ryplazim				
	J2998				
	Rystiggo				
	J9333				
	Saphnelo**				
	J0491				
	Skyrizi				
	J2327				
	Soliris				
	J1300				
	Spevigo				
	J1747				
	Spinraza				
	J2326				
	Syfovre				
	J2781				
	Tepezza				
	J3241				
	Tezspire				
	J2356				
	Therapeutic radiopharmaceuticals				
	A9513	A9590	A9606	A9607	
	A9699				
	Tzield				
	J9381				
	Unclassified and temporary codes*				
	J3490	J3590	C9172	C9399	
	Uplizna				
	J1823				
	Vabysmo				
J2777					
Vascular endothelial growth factor (VEGF) inhibitors**					
J0177	J0178	J0179	J2777		
J2778	J2779	Q5124	Q5128		
Vyepti**					
J3032					
Vyjuvek					
J3401					
Vyvgart					
J9332					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Vyvgart® Hytrulo J9334 Zolgensma J3399 Zymfentra J1748 To submit a prior authorization, use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at uhcprovider.com. After you sign in, select the Prior Authorization link. From the “Create a new authorization submission” section, select Specialty Pharmacy from the dropdown menu. Or, you can call 888-397-8129 *Bevez, Ocrevus Zunovo, PiaSky, Yimmugo **Drug is also included in the Part B Step Therapy Program			
Inpatient admission	Notification required				
Inpatient admissions – Post-acute services	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:	Home & Community Care (formerly naviHealth) manages prior authorization for in-scope membership. Phone: 855-851-1127 Fax: 844-244-9482			
Plan exclusions: None	<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: UnitedHealthcare® Nursing Home Plans</p>	*Peoples Health does not use Home & Community Care (formerly naviHealth). Enter authorization request using the UnitedHealthcare Provider Portal. Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com , select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210 .			
Non-emergency air transport	Prior authorization required	A0430	A0431	A0435	A0436
Plan exclusions: None Non-urgent ambulance transportation by air between specified locations					
Orthognathic surgery	Prior authorization required	21120	21121	21122	21123
Plan exclusions:		21125	21127	21141	21142
		21143	21145	21146	21147

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
None		21150	21151	21154	21155
Treatment of maxillofacial (jaw) functional impairment		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247		

Orthotics

Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000

Plan exclusions:

None

Orthopedic surgeries	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
Plan exclusions:		22210	22212	22214	22220
U.S. Virgin Island policies 67006, 67007, 67008, 24755, 25309, 23930, 97003, 97004, 97005, 97006, 97007, 97008		22222	22224	22532	22533
		22548	22551	22554	22556
Spine and joint surgeries		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
		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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthopedic surgeries (cont.)		63173	63185	63190	63191
		63197	63200	0200T	0201T
Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com , select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210 .					

Out-of-network services

Plan exclusions: None
 A recommendation from a network physician or health care professional to a hospital, physician or other health care professional who's out-of-network

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

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

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

A network physician or health care professional directs a member to an out-of-network facility, physician or other health care professional and the member's benefit plan includes benefits for out-of-network services –

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Out-of-network services (cont.)	but there are no available in-network health care professionals for the type of specialty services needed. A network physician or health care professional requests in-network cost-sharing or benefit level because there aren't in-network health care professionals for the type of specialty services needed.				
Outpatient therapy (PT/OT/ST, chiropractic)	Prior authorization is required for place of service 11-Office, 19-Off Campus- Outpatient-Hospital, 22-On-Campus Outpatient Hospital, 24-Ambulatory Surgical Center, 49-Independent Clinic, and 62- Comprehensive Outpatient Rehabilitation Facility. For services in the home, please refer to the Home Health Services category	Physical, occupational and speech therapy (PT/OT/ST)			
Plan Exclusions: UnitedHealthcare® Dual Complete plans, UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans, Erickson Advantage, Preferred Care Network and Preferred Care Partners of Florida, UHCWest (Colorado until 1/1/25, California, Arizona), OptumCare, WellMed, Peoples Health Plan, Rocky Mountain Medicare Advantage plans		92507 97016 97026 97034 97110 97124 97164 97535 97546 97761	92508 97018 97028 97035 97112 97139 97168 97537 97750 97799	92526 97022 97032 97036 97113 97140 97530 97542 G0129	97012 97024 97033 97039 97116 97150 97533 97545 97760 G0283
		Chiropractic (only when below codes are billed with AT-modifier)			
		98940	98941	98942	
Pain management	Prior authorization required	62350 62362	62351	62360	62361
Plan exclusions: None					
Potentially unproven services (including experimental/ investigational and/or linked services)	Prior authorization required	28890 64722 95966	33289 64744 C2624	36514 66180	64405 95965
Plan exclusions: None	Services, including medications, determined not to be effective for treatment of a medical condition Services determined not to have a				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Potentially unproven services (cont.)	beneficial effect on health outcomes, due to: <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				
Private duty nursing	Prior authorization is only required for 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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Private duty nursing (cont.)		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		
Prostate procedures	Prior authorization required	52441	52442		
Plan exclusions: None					
Prosthetics	Prior authorization required only for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000	L5301	L5856	L5968	L5981
Plan exclusions: None		L5987			
Radiation therapy	Prior authorization required	Image guided radiation therapy (IGRT)			
		77014	77387	G6001	G6002
		G6017			
		Prostate spacer			
		55874			
		Proton beam therapy (PBT)			
		77520	77522	77523	77525
		Special/associated services			
		77331	77370	77399	77470
		Standard radiation therapy (2D/3D)			
		77401	77402	77407	77412
		G6003	G6004	G6005	G6006
		G6007	G6008	G6009	G6010
		G6011	G6012	G6013	G6014
		Prior authorization set up in the claims BaseX system on the ICD-10 diagnosis codes listed below when a standard 2D/3D radiation therapy technique is requested/utilized.			
Breast – ICD-10: C50.011-C50.929, D05.00-D05.92, C84.7A					
Prostate – ICD-10: C61					
Bone metastases – ICD-10: C79.51-C79.52					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Radiation therapy (cont.)		<p>Lung cancer – ICD-10: C34.00-C34.92</p> <p>Y90 (Implantable beta-emitting microspheres for treatment of malignant tumors) 79445</p> <p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.</p>
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<p>Radiology</p> <p>Plan exclusions: UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO-SNP), (HMO-POS HMO-SNP), (PPO-SNP)</p>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain positron emission tomography (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 2024 UnitedHealthcare Administrative Guide.</p>	<p>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.</p> <p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.</p> <p>For more details and the CPT codes that require notification/prior authorization, please see Radiology Prior Authorization and Notification.</p>
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Rhinoplasty	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
Plan exclusions: None Treatment of nasal functional impairment and septal deviation		30465			

Sleep apnea procedures and surgeries	Prior authorization required	21685	41512	41530	41599
		42145			
Plan exclusions: None Maxillomandibular advancement or oral pharyngeal tissue reduction	Applies to inpatient or outpatient procedures and surgeries, including,				

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
for treatment of obstructive sleep apnea	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				
Spine surgery	Prior authorization required	20930 22858	20931	20939	22854
Plan exclusions: None					
Stimulators	Prior authorization required		Bone growth stimulator		
Plan exclusions: None Implantation of a device that sends electrical impulses		E0747 61850 61868 63655 64590	E0748 61863 61885 63685 L8682	E0749 61864 61886 64555 L8683	E0760 61867 63650 64568
					Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com , select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210 .
Therapeutic radiology services	Prior authorization required	Intensity-modulated radiation therapy (IMRT)			
Plan exclusions: None		77385	77386	G6015	G6016
		Stereotactic radiosurgery and stereotactic body radiation therapy (SRS/SBRT)			
		77371	77372	77373	G0339
		G0340			
Transplant of tissue or organs	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (idecaptagene cicleucel), Breyanzi® Carvykti™ (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Lyfgenia, Skysona™ (elivaldogene autotemcel) Tecartus® (brexucabtagene autoleucel), Yescarta® (axicabtagene ciloleucel) and Zytenglo™ (betibeglogene autotemcel), 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.			
Plan exclusions: 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		Evaluation for transplant 99205			
		Bone marrow harvest 38240 38241 38242			
		Heart/lung			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplant of tissue or organs (cont.)		33930	33935		
	Heart				
		33940	33944	33945	
	Lung				
		32850	32851	32852	32853
		32854	32856	S2060	S2061
	Kidney				
		50300	50320	50323	50340
		50360	50365	50370	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	J3393	J3394	
	S2152				
CAR T-cell therapy					
	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 Amtagvi, Casgevy, Lantidra, Lenmeldy

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

Vein procedures	Prior authorization required	37243	37799		
Plan exclusions:		None			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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					
Ventricular assist devices (VAD)		Please call the Optum VAD Case Management team at 888-936-7246. Or, you can call the notification number on the back of the member's health plan ID card.			
Plan exclusions:		33927	33928	33929	33975
None		33976	33979	33981	33982
		33983			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		*For Peoples Health, enter prior authorization request including CPT codes listed above, using the UnitedHealthcare Provider Portal.			
		Use the Prior Authorization and Notification tool on the portal. After you sign in at UHCprovider.com , select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210 .			