

UnitedHealthcare Medicare Advantage/ Peoples Health Health Plans prior authorization requirements

Effective March 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Medicare Advantage health care professionals providing inpatient and outpatient services. This includes UnitedHealthcare Dual Complete® and other plans listed in the included plans section of this document. Health plans not included in the requirements are listed in the excluded plans section. Please submit your prior authorization requests in 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 [2025 UnitedHealthcare Care Provider Administrative Guide](#) for more information. The following table includes plans requiring prior authorization for network services.

Plans included

Medicare plans subject to the UnitedHealthcare West Non-Capitated Supplement

Medicare Advantage HMO, HMO-POS, PPO and Regional PPO plans, including AARP® Medicare Advantage, UnitedHealthcare The Villages Medicare Advantage, UnitedHealthcare Group Medicare Advantage, Peoples Health

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

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

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

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

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

UnitedHealthcare Dual Eligible Special Needs Plans (D-SNP) and Medicare Advantage benefit plans offered by UnitedHealthcare Community Plan are subject to an additional manual, as further described in the benefit plan section of the [2025 UnitedHealthcare Care Provider Administrative Guide](#). As explained in the benefit plan section, some UnitedHealthcare D-SNP and Medicare Advantage benefit plans offered by UnitedHealthcare Community Plan are not subject to an additional manual and are therefore subject to the administrative guide.

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

Delegated plans

Arizona

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

Arizona - OptumCare

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

Colorado

The following groups are delegated to OptumCare:

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

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

Connecticut

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

27062, 27064, 27100, 27150, 27151, 27153, 27155, 27156, 90150, 90151, 90464, 90465, 90969, 90970

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

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

Florida – The following groups are delegated to WellMed:

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

Georgia

The following groups are delegated to OptumCare:

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

Hawaii

The following groups are delegated to MDX:

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

Idaho

The following groups are delegated to OptumCare:

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

Indiana

The following groups are delegated to OptumCare:

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

Kansas

The following groups are delegated to OptumCare:

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

Kentucky

The following groups are delegated to OptumCare:

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

Missouri

The following groups are delegated to OptumCare:

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

Nevada

The following groups are delegated to OptumCare:

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

New Jersey

The following groups are delegated to OptumCare:

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

New Mexico

The following groups are delegated to OptumCare:

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

New Mexico

The following groups are delegated to WellMed:

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

New York

The following groups are delegated to OptumCare:

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

Ohio

The following groups are delegated to OptumCare:

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

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

South Carolina

The following groups are delegated to OptumCare:

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

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

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

The following groups apply:

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

Texas – WellMed

The following groups apply:

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

Utah

The following groups are delegated to OptumCare:

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

Viginia:

The following groups are delegated to OptumCare:

Groups 90648, 90649, 90650, 90651, 90652

Washington – Independent Clinics of Washington

The following groups apply:

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

Washington – OptumCare

The following groups apply:

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

Washington – Seattle Medical Group

The following groups apply:

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

Wisconsin

The following groups are delegated to OptumCare:

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

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

Excluded plans

The UnitedHealthcare prior authorization program does not apply to the following excluded benefit plans. However, these benefit plans may have separate notification or prior authorization requirements. For details, please see the [2025 UnitedHealthcare Care Provider Administrative Guide](#)

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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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	Anti-emetics that require prior authorization:			
		Akynzeo™ (palonosetron/fosnetupitant) J1454			
		Cinvanti® (aprepitant) J0185			
		Emend® (fosaprepitant) J1453			
		Sustol® (granisetron extended release) J1627			
	*Codes J1442, J1447, J9332, Q5108, Q5110, Q5111, Q5122 and Q5125 also require prior authorization for non-oncology diagnosis (Dx). See injectable medications section.	Injectable colony-stimulating factor drugs that require prior authorization:			
		Filgrastim (Neupogen®) J1442*			
		Filgrastim-aafi (Nivestym®) Q5110*			
		Filgrastim-sndz (Zarxio®) Q5101			
		Pegfilgrastim (Neulasta®) J2506			
		Pegfilgrastim-apgf (Nyvepria®) Q5122*			
		Pegfilgrastim-cbqv (Udenyca®) Q5111*			
		Pegfilgrastim-jmdb (Fulphila®) Q5108*			
		Sargramostim (Leukine®) J2820			
		Tbo-filgrastim (Granix®) J1447*			
		Trilaciclib (Cosela™) J1448			
		Filgrastim-ayow (Releuko®) Q5125*			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cancer supportive care (cont.)	Bone-modifying agent that requires prior authorization: Denosumab (Prolia®, Xgeva®) J0897 Antiemetic drugs J1434 J1456 J2468 Colony-stimulating factors J1449 Q5148 Erythropoiesis-stimulating agents 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 Plan exclusions: UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO-SNP), (HMO-POS HMO-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	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. For more details and the list of CPT codes that require prior authorization, please visit Cardiology Prior Authorization and Notification.

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

Prior Authorization Protocol for Medicare Advantage section in the 2024 UnitedHealthcare Care Provider Administrative Guide.

Cardiovascular	Prior authorization required	33285	93653	93656	37254*
Plan exclusions:		37256*	37258*	37260*	37263*
None		37265*	37267*	37269*	37271*
		37273*	37275*	37277*	37280*
		37282*	37284*	37286*	37288*
		37290*	37292*	37294*	37296*
		E0616			

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

E08.52	E09.52	E10.52	E11.52
E13.52	170.221	170.222	170.223
170.228	170.229	170.231	170.232
170.233	170.234	170.235	170.238
170.239	170.241	170.242	170.243
170.244	170.245	170.248	170.249
170.25	170.261	170.262	170.263
170.268	170.269	170.321	170.322
170.323	170.329	170.331	170.332
170.333	170.334	170.335	170.338
170.339	170.341	170.342	170.343
170.344	170.345	170.348	170.349
170.35	170.361	170.362	170.363
170.369	170.421	170.422	170.423
170.428	170.429	170.431	170.432
170.433	170.434	170.435	170.438
170.439	170.441	170.442	170.443
170.444	170.445	170.448	170.449
170.461	170.462	170.463	170.468
170.469	170.521	170.522	170.523
170.528	170.529	170.531	170.532
170.533	170.534	170.535	170.538
170.539	170.541	170.542	170.543
170.544	170.545	170.548	170.549

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		170.561	170.562	170.563	170.568
		170.569	170.621	170.622	170.623
		170.628	170.629	170.631	170.632
		170.633	170.634	170.635	170.638
		170.639	170.641	170.642	170.643
		170.644	170.645	170.648	170.649
		170.661	170.662	170.663	170.668
		170.669	170.721	170.722	170.723
		170.728	170.729	170.731	170.732
		170.733	170.734	170.735	170.738
		170.739	170.741	170.742	170.743
		170.744	170.745	170.748	170.749
		170.761	170.762	170.763	170.768
		170.769	172.3	172.4	172.8
		172.9	177.2	177.70	177.72
		177.77	177.79	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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			
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	69930	L8614	L8619
Plan exclusions: None		L8690	L8691	L8692	
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	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	15878	15879	17106

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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	ation required	17107	17108	17999	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
	Advance notification	21235	21248	21249	21255
		21256	21260	21261	21263
		21267	21268	21275	21299
	required for	28344	30540	30545	30560
		30620	31295	31296	31297
	services, whether scheduled as inpatient or outpatient	31298	31299	67900	67901
		67902	67903	67904	67906
	67908	67909	67912	67950	
	67961	67966	Q2026		

Durable medical equipment (DME) Plan exclusions: Institutional Special Needs Plans (I-SNP)	Some home health care services may qualify under the DME requirement but aren't subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see Home health care services.	Prior authorization required regardless of billed amount:			
		E0466	E0766	E1230	E1239
		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
	Some payer groups may have different DME advance notification requirements for plan members through their benefit plans.	E0329	E0373	E0483	E0616
		E0618	E0635	E0636	E0639
		E0640	E0692	E0693	E0694
		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	

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

E1399	K0108	K0455	K0730
-------	-------	-------	-------

For UnitedHealthcare Medicare Advantage plans: Power mobility devices/accessories and lymphedema pumps require notification or prior authorization regardless of the cost.

The following Colorado and Arizona HMO/HMO-POS PBPs under CMS Contract H0609, have a preferred vendor relationship with Preferred Home Care, for select DME services, which may require authorization if performed by different DME provider, other than Preferred Home Care, call 800-636-2123 for more information



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<p>End-stage renal disease/dialysis services</p> <p>Plan exclusions: None Services for the treatment of end-stage renal disease (ESRD) require advance notification – includes outpatient dialysis services</p>	<p>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.</p> <p>Advance notification/prior authorization isn't required for ESRD when a UnitedHealthcare Medicare Advantage plan member travels outside of the service area.</p> <p>Note: Your agreement with us may include restrictions on referring plan members outside of the UnitedHealthcare network.</p>	<p>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.</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment	Prior authorization required	55970	55980		
Plan exclusions: None		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
Home health care – Applicable to Tennessee D-SNP only	Prior authorization required	S9122	S9123	S9123	T1000
Hysterectomy (abdominal and laparoscopic surgeries) – Inpatient and outpatient procedures	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
Plan exclusions: None		58571	58572	58573	
Hysterectomy (vaginal) – Inpatient only	No prior authorization required for outpatient vaginal hysterectomies	58260	58262	58263	58267
		58270	58290	58291	58292
Plan exclusions: None		58294			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications Plan exclusions for therapeutic radiopharmaceuticals: Institutional Special Needs Plans (I-SNP)	Prior authorization required*	<p>Anemia</p> <p>J0896 – Reblozyl</p> <p>Alzheimers</p> <p>J0174 – Leqembi</p> <p>J0175 – Kisunla</p> <p>Asthma</p> <p>J2786 – Cinqair</p> <p>J0517 – Fasenra</p> <p>J2182 – Nucala</p> <p>J2356 – Tezspire</p> <p>Bloody Modifying Agents</p> <p>J0223 – Givlaari</p> <p>J1299 – Soliris</p> <p>J1302 – Enjaymo</p> <p>J1303 – Ultomiris</p> <p>J1307 – PiaSky</p> <p>J9332 – Vyvgart</p> <p>J9333 – Rystiggo</p> <p>J9334 – Vyvgart Hytrulo</p> <p>Q5151 – Epysqli</p> <p>Q5152 – Bkembv</p> <p>Bone Density Agents</p> <p>Q5158 – Connexence</p> <p>J3111 – Evenity</p>

Procedures and services

**Additional
information**

**CPT® or HCPCS codes and/or
how to obtain prior authorization**

Q5136 – Jubbonti

J0897 – Prolia

Q5157 – Stoboclo

Botulinum Toxins

J0585 – Botox

J0586 – Dysport

J0587 – Myobloc

J0588 – Xeomin

J0589 – Daxxify

Cardiology

J1306 – Leqvio

Central Nervous System Agents

J0222 – Onpattro

J0225 – Amvuttra

J1301 – Radicava

J1304 – Qalsody

J2326 – Spinraza

J3032 – Vyepiti

J9332 – Vyvgart

J9333 – Rystiggo

J9334 – Vyvgart Hytrulo

Endocrine

J0224 – Oxlumo

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

J0584 – Crysvisa

J2507 – Krystexxa

J3241 – Tepezza

Gene Therapy

J1411 – Hemgenix

J1412 – Roctavian

J1413 – Elevidys

J3392 – Beqvez

J3401 – Vyjuvek

J3398 – Luxturna

J3399 – Zolgensma

J3403 – Encelto

Q5136 – Jubbonti

Hyaluronic Acid Polymers

J7320 – Genvisc 850

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

J7322 – Hymovis

J7323 – Euflexxa

J7324 – Orthovisc

J7326 – Gel-One

J7327 – Monovisc

J7329 – TriVisc

J7331 – Synojoynt

J7332 – Triluron

Procedures and services**Additional
information****CPT® or HCPCS codes and/or
how to obtain prior authorization****Immune Globulins (IVIG, SCIG)**

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

Immune Modulator

J0491 – Saphnelo

J9038 – Niktimvo

J1823 – Uplizna

J9381 – Tzielid

Inflammatory Conditions

J0129 – Orencia

J1628 – Tremfya IV

J1747 – Spevigo

J2267 – Omvoh

J2327 – Skyrizi

J3247 – Cosentyx IV

J3358 – Stelara

J3380 – Entyvio

Q5098 – Imuldosa

Q5099 – Steqeyma

Q5100 – Yesintek

Q5138 – Wezlana

Q5156 – Avtozma

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

Q9997 – Pyszchiva

Q9998 – Selarsdi

Q9999 – Otulfi

Infliximab

J1745 – Remicade

Intravenous Iron Replacement

J1437 – Monoferric

J1439 – Injectafer

Multiple Sclerosis

J2329 – Briumvi

J2350 – Ocrevus

J2351 – Ocrevus Zunovo

Ophthalmologic Agents

J2781 – Syfovre

J2782 – Izervay

Rare Conditions

J1305 – Evkeeza

J2998 – Ryplazim

J7171 – Adzynma

Rituximab

Q5123 – Riabni

Q5119 – Ruxience

Q5115 – Truxima

J9311 – Rituxan Hycela

Procedures and services

**Additional
information**

**CPT® or HCPCS codes and/or
how to obtain prior authorization**

J9312 – Rituxan

Sickle Cell Disease

J0791 – Adakveo

Tocilizumab

J3262 – Actemra

Q5133 – Tofidence

Q5135 – Tyenne

Vascular Endothelial Growth Factor Inhibitors (VEGF)

J0177 – Eylea HD

J0178 – Eylea

J0179 – Beovu

J2777 – Vabysmo

J2778 – Lucentis

J2779 – Susvimo

Q5124 – Byooviz

Q5128 – Cimerli

Q5147 – Pavblu

White Blood Cell Colony Stimulating Factors

J1442 – Neupogen

J1447 – Granix

J1449 – Rolvedon

J2506 – Neulasta

J9361 – Ryzneuta

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Q5108 – Fulphila
		Q5110 – Nivestym
		Q5111 - Udenyca
		Q5120 – Ziextenzo
		Q5122 – Nyvepria
		Q5125 – Releuko
		Q5127 – Stimufend
		Q5130 – Fylnetra
		Q5148 – Nypozi
		Q5101 - Zarxio
		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
		Unclassified and temporary codes*
		J3490 J3590 C9399 C9305
		* Kebilidi, Rivfloza, Starjemza

Inpatient admission	Notification required	
Inpatient admissions – Post-acute services	Prior authorization and notification of admission date required for these facilities providing post-	Home & Community Care (formerly naviHealth) manages prior authorization for in-scope membership.
Plan exclusions: None		Phone: 855-851-1127 Fax: 844-244-9482

CPT® is a registered trademark of the American Medical Association.
PCA-3-24-00774-Clinical-QRG_04122024



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

acute inpatient services:

- Acute care hospitals
- Acute inpatient rehabilitation
- Critical access hospitals
- Long-term acute care hospitals
- Skilled nursing facilities

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

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

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

Note: These plans are excluded from the skilled nursing facility prior authorization requirement: UnitedHealthcare® Nursing Home Plans

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
None		21143	21145	21146	21147
Treatment of maxillofacial (jaw) functional impairment		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		21240	21242	21244	21245
		21246	21247		
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,		22222	22224	22532	22533
67007, 67008, 24755, 25309, 23930,		22548	22551	22554	22556
97003, 97004, 97005, 97006, 97007,		22558	22590	22595	22600
97008		22610	22612	22630	22633
Spine and joint surgeries		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	27446
		27447	27486	27487	29834
		29837	29838	29840	29844
		29845	29846	29847	29866
		29867	29868	29891	29892
		29894	29895	29897	29898
		29899	29914	29915	29916
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63051	63055	63056	63064
		63075	63077	63081	63085
		63087	63090	63101	63102
		63170	63172	63173	63185
		63190	63191	63197	63200
		0200T	0201T	J7330	

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Out-of-network services (cont.)	<p>facility, physician or other health care professional and the member's benefit plan doesn't include benefits for out-of-network services.</p> <p>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 – but there are no available in-network health care professionals for the type of specialty services needed.</p>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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) 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 please contact the number on member ID card for prior authorization instructions), Peoples Health Plan, US Virgin Islands (9/1/24 – 12/31/25)	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) 92507 92508 92526 97012 97016 97018 97022 97024 97026 97028 97032 97033 97034 97035 97036 97039 97110 97112 97113 97116 97124 97139 97140 97150 97164 97168 97530 97533 97535 97537 97542 97545 97546 97750 97755 97760 97761 97799 G0283 Chiropractic (only when below codes are billed with AT-modifier) 98940 98941 98942			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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	<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 <p>Cohort studies in the prevailing published peer-reviewed medical literature</p>				
Private duty nursing	Prior authorization is only required for procedure T1000 for the following	12268 12405 12413 12417 12423 12429 12434 12438	12350 12406 12414 12418 12424 12430 12435 12440	12394 12407 12415 12419 12427 12431 12436 12441	12404 12408 12416 12422 12428 12433 12437 12442

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
group retiree plans only.		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
		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					
Radiation therapy	Prior authorization required	IGRT 77387			

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

Radiation therapy
(cont.)

Proton Beam Therapy (PBT)
77520
77522
77523
77525

Radiation Treatment Delivery
77402*
77407
77412

SRS/SBRT
77371
77372
77373
G0339
G0340

Special/Associated Services
77331
77370
77399
77470

Y90
S2095
79445

*Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges:
Applicable ICD10 codes for cancer types in scope for Hypofractionation:

Bone Mets - ICD10: C79.51, C79.52

Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A

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

Prostate - ICD10: C61

Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:
 Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92

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>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</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>
--	--	---

CPT® is a registered trademark of the American Medical Association.
 PCA-3-24-00774-Clinical-QRG_04122024



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Advantage section in the 2024 UnitedHealthcare Administrative Guide.				
Rhinoplasty	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Plan exclusions:					
None					
Treatment of nasal functional impairment and septal deviation					
Sleep apnea procedures and surgeries	Prior authorization required	21685 42145	41512	41530	41599
Plan exclusions:					
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				
Spine surgery	Prior authorization required	20930 22858	20931	20939	22854
Plan exclusions:					

CPT® is a registered trademark of the American Medical Association.
PCA-3-24-00774-Clinical-QRG_04122024



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

None

Stereotactic Radiosurgery	Prior authorization required	77371	77372		
----------------------------------	------------------------------	-------	-------	--	--

Stimulators	Prior authorization required	Bone growth stimulator			
Plan exclusions:		E0747	E0748	E0749	E0760
None		Neurostimulator			
Implantation of a device that sends electrical impulses		61850	61863	61864	61867
		61868	61885	61886	63650
	63655	63685	64555	64568	
	64590	L8682	L8683		
Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.					

Therapeutic Radiopharmaceuticals	Prior authorization required	A9513 A9615	A9590 A9699	A9606	A9607
---	------------------------------	----------------	----------------	-------	-------

Transplant of tissue or organs	Prior authorization required	For cellular and gene therapy services, including Abecma, Amtagvi, Aucatzyl, Breyanzi, Carvykti, Casgevy, Kymriah, Lantidra, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Tecelra, Yescarta, Zevaskyn and Zynteglo please call 888-936-7246 or the notification number on the back of the member's health plan ID card			
Plan exclusions:		Cellular and gene therapy			
None		J3387	J3389	J3391	J3392
Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation		J3393	J3394	J3402	Q2041
Request for transplant or transplant-related services prior to pre-treatment or evaluation		Q2042	Q2053	Q2054	Q2055
		Q2056	Q2057	Q2058	
		Evaluation for transplant			
		99205			
		Bone marrow harvest			
		38240	38241	38242	
		Heart/lung			
		33930	33935		
		Heart			

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

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

Temporary and unclassified

C9301* C9399* J3490* J3590*

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

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

Vein procedures	Prior authorization required	37243	37799
Plan exclusions:			
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			

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

Ventricular assist devices (VAD)

Plan exclusions:

None

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

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.

- | | | | |
|-------|-------|-------|-------|
| 33927 | 33928 | 33929 | 33975 |
| 33976 | 33979 | 33981 | 33982 |
| 33983 | | | |

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

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.