

UnitedHealthcare Medicare Advantage/ Peoples Health and Rocky Mountain Health Plans prior authorization requirements

effective May 1, 2025

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

Virginia:

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	Prior authorization required	20974	20975	20979	
Plan exclusions: None Electronic stimulation or ultrasound to heal fractures					
Breast reconstruction (non-mastectomy)	Prior authorization required	19316	19318	19325	L8600
Plan exclusions: None Reconstruction of the breast except when following mastectomy		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 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	<u>Anti-emetics that require prior authorization:</u> Akynzeo™ (palonosetron/fosnetupitant) J1454 Cinvanti® (aprepitant) J0185 Emend® (fosaprepitant) J1453 Sustol® (granisetron extended release)			
Plan exclusions: Institutional Special Needs Plans (I-SNP)					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cancer supportive care (cont.)	Q5125 also require prior authorization for non-oncology diagnosis (Dx). See injectable medications section.	<p>J1627</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®) J2506</p> <p>Pegfilgrastim-apgf (Nyvepria®) Q5122*</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>Trilaciclib (Cosela™) J1448</p> <p>Filgrastim-ayow (Releuko®) Q5125*</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Prolia®, Xgeva®) J0897</p> <p><u>Antiemetic drugs</u> J1456</p> <p><u>Colony-stimulating factors</u> J1449</p> <p><u>Erythropoiesis-stimulating agents</u> J0885</p> <p>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.</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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 Prior Authorization Protocol for Medicare Advantage section in the 2024 UnitedHealthcare Care Provider Administrative Guide .	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 .

Cardiovascular	Prior authorization required	E0616	33285	Cardiology 93653	93656
Plan exclusions:				Vascular	
None		37220*	37221*	37224*	37225*
		37226*	37227*	37228*	37229*
		37230*	37231*		

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

E08.52	E09.52	E10.52	E11.52
E13.52	I70.221	I70.222	I70.223
I70.228	I70.229	I70.231	I70.232
I70.233	I70.234	I70.235	I70.238
I70.239	I70.241	I70.242	I70.243
I70.244	I70.245	I70.248	I70.249
I70.25	I70.261	I70.262	I70.263
I70.268	I70.269	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349
I70.35	I70.361	I70.362	I70.363
I70.369	I70.421	I70.422	I70.423
I70.428	I70.429	I70.431	I70.432
I70.433	I70.434	I70.435	I70.438
I70.439	I70.441	I70.442	I70.443

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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	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	
	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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		M86.37 2	M86.37 9	M86.38 M86.45 2	M86.39 M86.45 9
		M86.40	1	M86.46	M86.47
		M86.46 1	M86.46 2	M86.46 9	M86.47 1
		M86.47 2	M86.47 9	M86.48	M86.49
			M86.55	M86.55	M86.55
		M86.50	1	2	9
		M86.56 1	M86.56 2	M86.57 1	M86.57 2
		M86.57 9			
		M86.65 1	M86.58 M86.65 2	M86.59 M86.65 9	M86.60 M86.66 1
		M86.66 2	M86.66 9	M86.67 1	M86.67 2
		M86.67 9			M86.8X 0
		M86.8X 5	M86.68 M86.8X 6	M86.69 M86.8X 7	M86.8X 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 A	T82.312 A	T82.318 A	T82.319 A
		T82.338 A	T82.392 A	T82.398 A	T82.399 A
		T82.898 A			
		I73.81	I73.00	I73.01	I73.1
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: <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 			
Plan exclusions: I-SNP		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 .			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 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	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	15878	15879	17106
	Advance notification required for services, whether scheduled as inpatient or outpatient	17107	17108	17999	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21248	21249	21255
		21256	21260	21261	21263
		21267	21268	21275	21299
		21740	21742	21743	28344
		30540	30545	30560	30620
		31295	31296	31297	31298
		31299	67900	67901	67902
		67903	67904	67906	67908
		67909	67912	67950	67961
		67966	Q2026		
Durable medical equipment (DME)	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:			
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.	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
		E0329	E0373	E0483	E0616

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	For UnitedHealthcare Medicare Advantage plans:	E0618	E0635	E0636	E0639
		E0640	E0692	E0693	E0694
		E0740	E0761	E0764	E0770
	Power mobility devices/accessories	E0784	E0984	E0986	E0988
	and lymphedema pumps require notification or prior authorization regardless of the cost.	E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1017	E1035	E1036
		E1161	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1399	K0108	K0455	K0730
	<p>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</p>				

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	<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>	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 Plan exclusions: None	Prior authorization required	55970 F64.0 F64.9 14000 15738 15775 15782 15792 31599 53425 54401 54660 55866 57106 57295	55980 F64.1 Z87.890 14001 15750 15776 15783 15793 31899 53430 54405 54690 56625 57110 57296	These surgical codes, when billed with one of the following Dx codes: F64.2 14041 15757 15780 15788 19303 53410 54125 54408 55175 56800 57291 57335	F64.8 15734 15758 15781 15789 21899 53420 54400 54520 55180 56805 57292 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	
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					
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 J0791			
Plan exclusions for therapeutic radiopharmaceuticals: Institutional Special Needs Plans (I-SNP)		Aduhelm J0172			
		Adzynma J7171			
		Amvuttra J0225			
		Asthma** J2786			
		Beqvez J1414			
		Botulinim 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					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		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		
	Immune globulins (IVIG, SCIG)**				
		90283	90284	J1459	J1551
		J1552	J1554	J1555	J1556
		J1557	J1558	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575	J1576	J1599	
	Infliximab**				
		J1745			
	Intravenous iron products**				
		J1437	J1439		
	Izervay				
		J2782			
	Jubbonti Wyost				
		Q5136			
	Kisunla				
		J0175			
	Krystexxa**				
		J2507			
	Leqembi				
		J0174			
	Leqvio**				
		J1306			
	Luxturna				
		J3398			
	Qalsody				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
Injectable medications (cont.)		J1304	
		Niktimvo	
		J9038	
		Ocrevus	
		J2350	
		Ocrevus Zunovo	
		J2351	
		Omvo	
		J2267	
		Onpattro	
		J0222	
		Orencia	
		J0129	
		Oxlumo	
		J0224	
		Pavlu	
		Q5147	
		PiaSky	
		J1307	
		Radicava	
		J1301	
		Reblozyl	
		J0896	
		Rituximab**	
		J9311	J9312 Q5123
		Roctavian	
		J1412	
		Ryplazim	
		J2998	
		Rystiggo	
		J9333	
		Saphnelo**	
		J0491	
		Skyrizi	
		J2327	
		Soliris	
		J1299	
		Spevigo	
		J1747	
		Spinraza	
		J2326	
		Syfovre	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Injectable medications (cont.)		J2781				
		Tepezza				
		J3241				
		Tezspire				
		J2356				
		Therapeutic radiopharmaceuticals				
		A9513	A9590	A9606	A9607	
		A9699				
		Tocilizumab**				
		J3262				
		Tremfya IV				
		J1628				
		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				
		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				
		*Hympavzi, Rivfloza, Yimmugo				
		**Drug is also included in the Part B Step Therapy Program				
Inpatient admission	Notification required					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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>	<p>*Peoples Health does not use Home & Community Care (formerly naviHealth). Enter authorization request using the UnitedHealthcare Provider Portal.</p> <p>*AIP DSNP plans should not route to naviHealth and are serviced by the Optum PACM team</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>			
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: None Treatment of maxillofacial (jaw) functional impairment		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247		
Orthopedic surgeries	Prior authorization required	22100	22101	22102	22110
Plan exclusions: U.S. Virgin Island policies 67006, 67007, 67008, 24755, 25309, 23930, 97003, 97004, 97005, 97006, 97007, 97008 Spine and joint surgeries		22112	22114	22206	22207
		22210	22212	22214	22220
		22222	22224	22532	22533
		22548	22551	22554	22556
		22558	22590	22595	22600
		22610	22612	22630	22633

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthopedic surgeries (cont.)		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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Out-of-network services (cont.)	<p><u>required for 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 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> <p>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.</p>				
Outpatient therapy (PT/OT/ST, chiropractic)	Prior authorization is required for place of service 11-Office, 19-Off Campus-	Physical, occupational and speech therapy (PT/OT/ST)			
Plan Exclusions: UnitedHealthcare® Dual Complete plans, UnitedHealthcare® Nursing	Outpatient-Hospital,	92507	92508	92526	97012
	22-On-Campus	97016	97018	97022	97024
	Outpatient Hospital,	97026	97028	97032	97033
	24-Ambulatory	97034	97035	97036	97039
		97110	97112	97113	97116

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Home and UnitedHealthcare® Assisted Living Plans, Erickson Advantage, Preferred Care Network and Preferred Care Partners of Florida, UHCWest (Colorado, California, Arizona), Peoples Health Plan, Rocky Mountain Medicare Advantage plans, US Virgin Islands (9/1/24 – 12/31/25)	Surgical Center, 49-Independent Clinic, and 62-Comprehensive Outpatient Rehabilitation Facility. For services in the home, please refer to the Home Health Services category	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	
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	33289	36514	64405
		64722	64744	66180	95965
		95966	C2624		
Plan exclusions: None	Services, including medications, determined not to be effective for treatment of a medical condition Services determined not to have a beneficial effect on health outcomes, due to: <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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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	Image guided radiation therapy (IGRT)			
		77014	77387	G6001	G6002
		G6017			
		Prostate spacer			
		55874			
		Proton beam therapy (PBT)			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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			
		Lung cancer – ICD-10: C34.00-C34.92			
		Y90 (Implantable beta-emitting microspheres for treatment of malignant tumors)			
		79445			
		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 .			

Radiology Plan exclusions: UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO-SNP), (HMO-POS HMO-SNP), (PPO-SNP)	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain positron emission tomography (PET) scans Nuclear medicine and nuclear cardiology procedures For more information, please see the Outpatient Radiology Prior Authorization Protocol for Medicare Advantage section in the 2024 UnitedHealthcare Administrative Guide .	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure. 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 . For more details and the CPT codes that require notification/prior authorization, please see Radiology Prior Authorization and Notification .
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Rhinoplasty	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
Plan exclusions:		30465			
None					
Treatment of nasal functional impairment and septal deviation					
Sleep apnea procedures and surgeries	Prior authorization required	21685	41512	41530	41599
		42145			
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	20931	20939	22854
		22858			
Plan exclusions:					
None					
Stimulators	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0749	E0760
Plan exclusions:		Neurostimulator			
		61850	61863	61864	61867
None		61868	61885	61886	63650
Implantation of a device that sends electrical impulses		63655	63685	64555	64568
		64590	L8682	L8683	
Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com , select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210 .					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Therapeutic radiology services	Prior authorization required	Intensity-modulated radiation therapy (IMRT)			
		77385	77386	G6015	G6016
Plan exclusions:		Stereotactic radiosurgery and stereotactic body radiation therapy (SRS/SBRT)			
None		77371	77372	77373	G0339
		G0340			
Transplant of tissue or organs	Prior authorization required	For cellular and gene therapy services, including Abecma®(idecaptogene iclucel),Amtagvi (lifilucel), Breyanzi®(lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel) Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel),Lyfgenia™ (lovotibeglogene autotemcel), Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel), Tecelra, Yescarta™ (axicabtagene ciloleucel) and Zynteglo™(betibeglogene autotemcel) please call 888-936-7246 or the notification number on the back of the member's health plan ID card			
Plan exclusions:		Evaluation for transplant			
None		99205			
Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation		Bone marrow harvest			
Request for transplant or transplant-related services prior to pre-treatment or evaluation		38240	38241	38242	
		Heart/lung			
		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	S2152	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Cellular and gene therapy J3392 J3393 J3394 Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 Q2057 *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, Aucatzyl, 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 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: None		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			
		*For Peoples Health, enter prior authorization request including CPT codes listed above, using the UnitedHealthcare Provider Portal.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		Use the Prior Authorization and Notification tool on the portal. After you sign in at UHCprovider.com , select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210 .			