

# UnitedHealthcare Medicare Advantage/ Peoples Health prior authorization requirements

September 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<sup>®</sup> 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](https://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](https://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<sup>®</sup> 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<sup>®</sup> plans

UnitedHealthcare Medicare Direct<sup>SM</sup> private fee-for-service (PFFS)

Procedures and services	Additional information	CPT <sup>®</sup> or HCPCS codes and/or how to obtain prior authorization			
<b>Behavioral health services</b>  <b>Plan exclusions:</b> None Behavioral health services through a designated behavioral health network	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
<b>Bone growth stimulator</b>	Prior authorization required	20974	20975	20979	
<b>Plan exclusions:</b> None Electronic stimulation or ultrasound to heal fractures					
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	19316	19318	19325	L8600
<b>Plan exclusions:</b> None Reconstruction of the breast except when following mastectomy		<b>Prior authorization is not required for the following diagnosis codes:</b>			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Cancer supportive care</b>  <b>Plan exclusions:</b> Institutional Special Needs Plans (I-SNP)	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.	<p><b><u>Anti-emetics that require prior authorization:</u></b></p> <p><b>Akynzeo™ (palonosetron/fosnetupitant)</b> J1454</p> <p><b>Cinvanti® (aprepitant)</b> J0185</p> <p><b>Emend® (fosaprepitant)</b> J1453 - - -</p> <p><b>Sustol® (granisetron extended release)</b> J1627</p> <p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p><b>Filgrastim (Neupogen®)</b> J1442*</p> <p><b>Filgrastim-aafi (Nivestym®)</b> Q5110*</p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2506</p> <p><b>Pegfilgrastim-appg (Nyvepria®)</b> Q5122*</p> <p><b>Pegfilgrastim-cbqv (Udenyca®)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila®)</b> Q5108*</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b>Trilaciclib (Cosela™)</b> J1448</p> <p><b>Filgrastim-ayow (Releuko®)</b> Q5125*</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Prolia®, Xgeva®)</b> J0897</p> <p><b><u>Antiemetic drugs</u></b> J1456</p> <p><b><u>Colony-stimulating factors</u></b> J1449</p> <p><b><u>Erythropoiesis-stimulating agents</u></b> J0885</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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<b>Cancer supportive care (cont.)</b>		For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to <a href="https://UHCprovider.com">UHCprovider.com</a> 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 <b>888-397-8129</b> .
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<b>Cardiology</b>  <b>Plan exclusions:</b> 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 <a href="#">2024 UnitedHealthcare Care Provider Administrative Guide</a> .	Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at <a href="https://UHCprovider.com">UHCprovider.com</a> . Then, select the Prior Authorization and Notification on your dashboard. Or, you can call <b>877-842-3210</b> .  For more details and the list of CPT codes that require prior authorization, please visit <a href="#">Cardiology Prior Authorization and Notification</a> .
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<b>Cardiovascular</b>	Prior authorization required			<b>Cardiology</b>	
<b>Plan exclusions:</b> None		E0616	33285	93653	93656
		37220*	37221*	37224*	37225*
		37226*	37227*	37228*	37229*
		37230*	37231*		

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

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

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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		M86.26 1	M86.26 2	M86.26 9	M86.27 1
		M86.27 2	M86.27 9	M86.28 M86.35	M86.29 M86.35
		M86.30	1	2	9
		M86.36 1	M86.36 2	M86.36 9	M86.37 1
		M86.37 2	M86.37 9	M86.38 M86.45	M86.39 M86.45
		M86.40	1	2	9
		M86.46 1	M86.46 2	M86.46 9	M86.47 1
		M86.47 2	M86.47 9	M86.48 M86.55	M86.49 M86.55
		M86.50	1	2	9
		M86.56 1	M86.56 2	M86.57 1	M86.57 2
		M86.57 9	M86.58	M86.59	M86.60
		M86.65 1	M86.65 2	M86.65 9	M86.66 1
		M86.66 2	M86.66 9	M86.67 1	M86.67 2
		M86.67 9	M86.68	M86.69	M86.8X 0
		M86.8X 5	M86.8X 6	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	I73.00	I73.01	I73.1
		I73.81			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cartilage implants</b>	Prior authorization required	27415	27416		
<b>Plan exclusions:</b> None					
<b>Chemotherapy</b>	Notification required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require notification:</b>			
<b>Plan exclusions:</b> I-SNP		<ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code</li> </ul>			
		For notification, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>888-397-8129</b> .			
<b>Cochlear and other auditory implants</b>	Prior authorization required	69714 L8690	69930 L8691	L8614 L8692	L8619
<b>Plan exclusions:</b> None A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech					
<b>Continuous Glucose monitor</b>	Prior authorization required	A4238	A4239	E2102	E2103
<b>Cosmetic and reconstructive procedures</b>	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
<b>Plan exclusions:</b> None Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological 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			
<b>Durable medical equipment (DME)</b>	Prosthetics are not DME for UnitedHealthcare Medicare Advantage plan members – see prosthetics and orthotics.	Prior authorization required <b>regardless of billed amount:</b>			
		E0466	E0766	E1230	E1239
<b>Plan exclusions:</b> 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.	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		
<b>For UnitedHealthcare Medicare Advantage plans:</b>	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
<b>End-stage renal disease/dialysis services</b>  <b>Plan exclusions:</b> None Services for the treatment of end-stage renal disease (ESRD) require advance notification – includes outpatient dialysis services	Advance notification is required if a plan member is referred to an out-of-network provider for dialysis services. The purpose of steering to an in-network dialysis center is to avoid high cost-shares for plan members, even when they may have out-of-network benefits.  Advance notification/prior authorization isn't required for ESRD when a UnitedHealthcare Medicare Advantage plan member travels outside of the service area.  <b>Note:</b> Your agreement with us may include restrictions on referring plan members outside of the UnitedHealthcare network.	Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at <a href="https://UHCprovider.com">UHCprovider.com</a> . After you sign in, select the Prior Authorization and Notification on your dashboard. Or, you can call <b>877-842-3210</b> .

<b>Gender dysphoria treatment</b>  <b>Plan exclusions:</b> None	Prior authorization required	55970 55980	These <b>surgical codes, when billed</b> with one of the following <b>Dx codes:</b>		
		<b>F64.0</b> <b>F64.9</b>	<b>F64.1</b> <b>Z87.890</b>	<b>F64.2</b>	<b>F64.8</b>
		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			
<b>Gender dysphoria treatment (cont.)</b>		58661	58720	58940	64856
		64892	64896	92507	92508
<b>Home health care – Applicable to Tennessee D-SNP <u>only</u></b>	Prior authorization required	S9122	S9123	S9124	
<b>Home health care – Managed by Home &amp; Community Care (formerly naviHealth)</b>	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 <a href="https://access.navihealth.com">access.navihealth.com</a> . Or, you can fax the information to 888-815-1808. For questions, please call 855-851-1127.			
		<b>*Peoples Health does not use Home &amp; Community Care (formerly naviHealth). Enter authorization request through <a href="https://UHCprovider.com">UHCprovider.com</a>.</b>			
		Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at <a href="https://UHCprovider.com">UHCprovider.com</a> . After you sign in, select the Prior Authorization and Notification on your dashboard. Or, you can call <b>877-842-3210</b> .			
<b>**See above for Tennessee D-SNP requirements.</b>					
<b>NOTE: This requirement does not apply to Florida D-SNP.</b>					
<b>Hysterectomy (abdominal and laparoscopic surgeries) – Inpatient and outpatient procedures</b>	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Plan exclusions:</b>					
None					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Hysterectomy (vaginal) – Inpatient only</b>	No prior authorization required for outpatient vaginal hysterectomies	58260	58262	58263	58267
		58270	58290	58291	58292
		58294			
<b>Plan exclusions:</b> None					
<b>Injectable medications</b>	Prior authorization required*	<b>Adakveo</b>			
<b>Plan exclusions for therapeutic radiopharmaceuticals:</b> Institutional Special Needs Plans (I-SNP)		J0791			
		<b>Aduhelm</b>			
		J0172			
		<b>Adzyna</b>			
		J7171			
		<b>Amvuttra</b>			
		J0225			
		<b>Botulinum toxins</b>			
		J0585	J0586	J0587	J0588
		J0589			
		<b>Bone density agents**</b>			
		J3111	J0897		
		<b>Briumvi</b>			
		J2329			
		<b>Colony-stimulating factors**</b>			
		J1442	J1447	J1449	Q5108
		Q5110	Q5120	Q5122	Q5125
		Q5127	Q5130		
		<b>Consentyx IV</b>			
		J3247			
	<b>Crysvita</b>				
	J0584				
	<b>Elevidys</b>				
	J1413				
	<b>Enjaymo</b>				
	J1302				
	<b>Entyvio</b>				
	J3380				
	<b>Evkeeza</b>				
	J1305				
	<b>Givlaari</b>				
	J0223				
	<b>Hemgenix</b>				
	J1411				
	<b>Hyaluronic acid polymers**</b>				
	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.)		<b>Immune globulins (IVIG, SCIG)**</b>		
		90283	90284	J1459
		J1554	J1555	J1556
		J1558	J1559	J1561
		J1568	J1569	J1572
		J1576	J1599	J1575
		<b>Infliximab**</b>		
		J1745		
		<b>Intravenous iron products**</b>		
		J1437	J1439	
		<b>Izervay</b>		
		J2782		
		<b>Krystexxa**</b>		
		J2507		
		<b>Leqembi</b>		
		J0174		
		<b>Leqvio**</b>		
		J1306		
		<b>Luxturna</b>		
		J3398		
		<b>Qalsody</b>		
		J1304		
		<b>Ocrevus</b>		
		J2350		
		<b>OmvoH</b>		
		J2267		
		<b>Onpattro</b>		
		J0222		
		<b>Orencia</b>		
		J0129		
		<b>Oxlumo</b>		
		J0224		
	<b>Radicava</b>			
	J1301			
	<b>Reblozyl</b>			
	J0896			
	<b>Rituximab**</b>			
	J9311	J9312	Q5123	
	<b>Roctavian</b>			
	J1412			
	<b>Ryplazim</b>			
	J2998			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	<b>Rystiggo</b>				
	J9333				
	<b>Saphnelo**</b>				
	J0491				
	<b>Skyrizi</b>				
	J2327				
	<b>Soliris</b>				
	J1300				
	<b>Spevigo</b>				
	J1747				
	<b>Spinraza</b>				
	J2326				
	<b>Syfovre</b>				
	J2781				
	<b>Tepezza</b>				
	J3241				
	<b>Tezspire</b>				
	J2356				
	<b>Therapeutic radiopharmaceuticals</b>				
	A9513	A9590	A9606	A9607	
	A9699				
	<b>Tzield</b>				
	J9381				
	<b>Unclassified and temporary codes*</b>				
	J3490	J3590	C9399		
	<b>Uplizna</b>				
	J1823				
	<b>Vabysmo</b>				
	J2777				
	<b>Vascular endothelial growth factor (VEGF) inhibitors**</b>				
	J0177	J0178	J0179	J2777	
	J2778	J2779	Q5124	Q5128	
	<b>Vyepti**</b>				
J3032					
<b>Vyjuvek</b>					
J3401					
<b>Vyvgart</b>					
J9332					
<b>Vyvgart® Hytrulo</b>					
J9334					
<b>Zolgensma</b>					
J3399					



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<p><b>To submit a prior authorization, use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at <a href="http://uhcprovider.com">uhcprovider.com</a>. 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</b></p>					
<p><b>**Drug is also included in the Part B Step Therapy Program</b></p>					
<b>Inpatient admission</b>	Notification required				
<b>Inpatient admissions – Post-acute services</b>	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: <b>855-851-1127</b> Fax: 844-244-9482			
<b>Plan exclusions:</b> None	<ul style="list-style-type: none"> <li>Acute care hospitals</li> <li>Acute inpatient rehabilitation</li> <li>Critical access hospitals</li> <li>Long-term acute care hospitals</li> <li>Skilled nursing facilities</li> </ul>	<p><b>*Peoples Health does not use Home &amp; Community Care (formerly naviHealth). Enter authorization request using the UnitedHealthcare Provider Portal.</b></p> <p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at <a href="http://UHCprovider.com">UHCprovider.com</a>, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>877-842-3210</b>.</p>			
<p><b>Note:</b> These plans are excluded from the skilled nursing facility prior authorization requirement:            UnitedHealthcare®            Nursing Home Plans</p>					
<b>Non-emergency air transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Plan exclusions:</b> None Non-urgent ambulance transportation by air between specified locations					
<b>Orthognathic surgery</b>	Prior authorization required	21120	21121	21122	21123
<b>Plan exclusions:</b>					
None Treatment of maxillofacial (jaw) functional impairment	21125	21127	21141	21142	
	21143	21145	21146	21147	
	21150	21151	21154	21155	
	21159	21160	21188	21193	
	21194	21195	21196	21198	
	21199	21206	21210	21215	
	21240	21242	21244	21245	
	21246	21247			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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<b>Orthotics</b>	Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000				
<b>Plan exclusions:</b> None					

<b>Orthopedic surgeries</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
<b>Plan exclusions:</b>		22210	22212	22214	22220
		22222	22224	22532	22533
U.S. Virgin Island policies		22548	22551	22554	22556
67006, 67007, 67008, 24755,		22558	22590	22595	22600
25309, 23930, 97003, 97004,		22610	22612	22630	22633
97005, 97006, 97007, 97008		22800	22802	22804	22808
Spine and joint surgeries		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](https://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
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**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 – but there are no available in-network health care professionals for the type of specialty services needed.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Out-of-network services (cont.)</b>	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.				
<b>Outpatient therapy (PT/OT/ST, chiropractic)</b>	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	<b>Physical, occupational and speech therapy (PT/OT/ST)</b>			
		92507	92508	92526	97012
		97016	97018	97022	97024
<b>Plan Exclusions:</b>		97026	97028	97032	97033
UnitedHealthcare® Dual Complete plans,	22-On-Campus Outpatient Hospital,	97034	97035	97036	97039
UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans,	24-Ambulatory Surgical Center, 49-Independent Clinic,	97110	97112	97113	97116
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	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	G0129	G0283
		<b>Chiropractic (only when below codes are billed with AT-modifier)</b>			
		98940	98941	98942	
<b>Pain management</b>	Prior authorization required	62350	62351	62360	62361
		62362			
<b>Plan exclusions:</b>					
None					
<b>Potentially unproven services (including experimental/ investigational and/or linked services)</b>	Prior authorization required	28890	33289	36514	64405
		64722	64744	66180	95965
		95966	C2624		
<b>Plan exclusions:</b>	Services, including medications, determined not to be effective for treatment of a medical condition				
None	Services determined not to have a beneficial effect on health outcomes, due to:				
	<ul style="list-style-type: none"> <li>Insufficient and inadequate clinical evidence from well-</li> </ul>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	conducted randomized controlled trials Cohort studies in the prevailing published peer-reviewed medical literature				
<b>Private duty nursing</b>	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
		15740	15741	15742	15743
		15747	15748	15774	15780
		15782	15783	15784	15785
		15786	15787	15788	15789
		15790	15791	15792	15793
		15795	15802	15894	15895

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		15937	15938	16175	16188
		16190	16191	16205	16206
		16207	16208	16233	16234
		16235	16236	16325	16326
		16327	27070		
<b>Prostate procedures</b>	Prior authorization required	52441	52442		
<b>Plan exclusions:</b> None					
<b>Prosthetics</b>	Prior authorization required only for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000	L5301	L5856	L5968	L5981
<b>Plan exclusions:</b> None		L5987			
<b>Radiation therapy</b>	Prior authorization required	<b>Image guided radiation therapy (IGRT)</b>			
		77014	77387	G6001	G6002
		G6017			
		<b>Prostate spacer</b>			
		55874			
		<b>Proton beam therapy (PBT)</b>			
		77520	77522	77523	77525
		<b>Special/associated services</b>			
		77331	77370	77399	77470
		<b>Standard radiation therapy (2D/3D)</b>			
		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			
		<b>Y90 (Implantable beta-emitting microspheres for treatment of malignant tumors)</b>			
		79445			
		Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at <a href="https://UHCprovider.com">UHCprovider.com</a> , select the Prior			

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

- 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](https://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](#).

<b>Rhinoplasty</b>	Prior authorization required	30400	30410	30420	30430
<b>Plan exclusions:</b>		30435	30450	30460	30462
None		30465			
Treatment of nasal functional impairment and septal deviation					

<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41512	41530	41599
<b>Plan exclusions:</b>		42145			
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.				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Applies only for surgical sleep apnea procedures and not sleep studies

<b>Spine surgery</b>	Prior authorization required	20930 22858	20931	20939	22854
<b>Plan exclusions:</b> None					

<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>			
<b>Plan exclusions:</b> None Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		61850	61863	61864	61867
		61868	61885	61886	63650
		63655	63685	64555	64568
		64590	L8682	L8683	

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

<b>Therapeutic radiology services</b>	Prior authorization required	<b>Intensity-modulated radiation therapy (IMRT)</b>			
<b>Plan exclusions:</b> None		77385	77386	G6015	G6016
		<b>Stereotactic radiosurgery and stereotactic body radiation therapy (SRS/SBRT)</b>			
		77371	77372	77373	G0339
		G0340			

<b>Transplant of tissue or organs</b>	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (idecaptive gene 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.			
<b>Plan exclusions:</b> None Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation Request for transplant or transplant-related services prior to pre-treatment or evaluation		<b>Evaluation for transplant</b>			
		99205			
		<b>Bone marrow harvest</b>			
		38240	38241	38242	
		<b>Heart/lung</b>			
		33930	33935		
		<b>Heart</b>			
		33940	33944	33945	
		<b>Lung</b>			
		32850	32851	32852	32853
		32854	32856	S2060	S2061

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Transplant of tissue or organs (cont.)</b>		<b>Kidney</b>			
		50300	50320	50323	50340
		50360	50365	50370	50547
		<b>Pancreas</b>			
		48551	48552	48554	
		<b>Liver</b>			
		47135	47143	47147	
		<b>Intestine</b>			
		44132	44133	44135	44136
		<b>Services related to transplants</b>			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232*	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	J3393	J3394
		S2152			
		<b>CAR T-cell therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056		

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

**Temporary and unclassified**

C9399\* J3490\* J3590\*

\*For unclassified code C9399, J3490 and J3590, notification/prior authorization is required for Casgevy, Lantidra, Lenmeldy

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

<b>Vein procedures</b>	Prior authorization required	37243	37799
<b>Plan exclusions:</b>			
None			
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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<b>Ventricular assist devices (VAD)</b>		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.			
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<b>Plan exclusions:</b>		33927	33928	33929	33975
None		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](https://UHCprovider.com), select the Prior Authorization and Notification tab on your dashboard. Or, you can call **877-842-3210**.

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