

UnitedHealthcare® Medicare Advantage/ Peoples Health Plans prior authorization requirements

Effective August 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 one 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**
 - **Erickson Advantage:** For the services listed on the Erickson Advantage chart on pages 13-14, contact the Erickson MSR/prior authorization number on the back of the ID card.

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 either Referral Required or Referral from Primary Care Required, certain services may require a referral from any network primary care provider for the member's plan. See **Chapter 6: Referrals** of the [2026 UnitedHealthcare Care Provider Administrative Guide](#) for more information. Prior authorization may still be required for the services outlined in this document.

The following table includes plans requiring prior authorization for network services.

Plans included
Medicare Advantage HMO, HMO-POS, PPO and Regional PPO plans, including AARP® Medicare Advantage, UHC Medicare Advantage, Peoples Health, UnitedHealthcare Group Medicare Advantage
UHC Dual Complete (HMO D-SNP), (HMO-POS D-SNP), (PPO D-SNP), (Regional PPO D-SNP)
UHC Complete Care (HMO C-SNP), (HMO-POS C-SNP), (PPO C-SNP), (Regional PPO C-SNP)
UHC Nursing Home Plan and UHC Care Advantage Plan (HMO I-SNP), (HMO-POS I-SNP), (PPO I-SNP)
Erickson Advantage (HMO-POS), (HMO-POS C-SNP), (HMO-POS I-SNP)

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

Delegated plans

Arizona

The following groups are delegated to Banner Health Network:

00328, 00333, 06535, 06538, 08968, 08971, 08974, 09574, 11470, 11473, 12087, 13026, 14622, 14625, 17533, 91037, 91040

Arizona

The following groups are delegated to OptumCare:

00326, 00327, 00329, 00330, 00331, 00332, 00334, 00335, 00336, 00337, 00338, 00339, 00340, 00344, 00345, 06361, 06362, 06371, 06372, 06453, 06454, 06533, 06534, 06536, 06537, 08966, 08967, 08969, 08970, 08972, 08973, 09572, 09573, 11468, 11469, 11471, 11472, 12085, 12086, 13024, 13025, 14620, 14621, 14623, 14624, 17531, 17532, 90108, 90451, 90452, 90653, 90654, 90765, 90766, 90810, 90811, 90823, 90824, 90825, 90826, 90920, 90922, 90924, 90927, 90974, 90990, 91038, 91039, 91041, 91042, 96001

California – Submit requests to the medical provider group shown on the front of the member's ID card. To obtain the medical group's contact information:

1. Sign in to the [UnitedHealthcare Provider Portal](#)
2. Select **Eligibility**
3. Scroll to the **Plan Requirements** section and review **Prior Authorizations**

Colorado

The following groups are delegated to OptumCare:

06327, 06380, 90225, 90227, 90229, 90231, 90233, 90235, 90237, 90239, 90241, 90243, 90245, 90247, 90249, 90251, 90627, 90843, 90853, 90979, 91032

Colorado

The following groups are delegated to PHP Prime:

06326, 90224, 90226, 90228, 90230, 90232, 90234, 90236, 90238, 90240, 90242, 90244, 90246, 90248, 90250, 90628, 91031

Connecticut

The following groups are delegated to Advantage Plus Network-CT:

27062, 27064, 27100, 27150, 27151, 27153, 27155, 27156

Florida

The following groups are delegated to WELLMED MEDICAL MANAGEMENT:

40199, 70341, 70342, 70344, 70345, 70346, 70347, 70348, 72790, 72811, 80192, 80193, 80194, 82940, 82958, 90350, 90351, 90352, 90359, 90360, 90403, 95115, 95116, 95117, 95118, 98151, 98152, 99790, 99791, 99795, 99797

Georgia

The following groups are delegated to OptumCare:

06460, 06461, 90372, 90458, 90467, 90753, 90756, 90951, 92113

Hawaii

The following groups are delegated to MDX Hawaii, Inc:

06345, 90279, 90792, 90793, 90794, 90795, 90803, 90804

Idaho

The following groups are delegated to OptumCare:

06356, 06357, 06363, 38014, 44016, 90219, 90220, 90221, 90222, 90305, 90431, 90432, 90433, 90798, 90799, 90813, 90857, 90858, 90859, 90860, 90911, 90912, 90913, 92127, 92128

Indiana

The following groups are delegated to OptumCare:

00744, 00746, 00748, 00749, 00750, 06360, 06384, 90468, 90469, 90471, 90782, 90783, 90784, 90785, 90801, 90814, 90815, 90822, 90830, 90831, 90876, 90877, 90879, 90880, 90881

Kansas

The following groups are delegated to OptumCare:

06505, 06506, 06509, 90088, 90167, 90326, 90328, 90493, 90874, 90875, 90955, 90967

Kentucky

The following groups are delegated to OptumCare:

06455, 90002, 90044, 90047, 90076, 90077, 90137, 90141, 90488, 90492, 90929, 90935, 90936, 90937, 90942, 90956, 90959

Missouri

The following groups are delegated to OptumCare:

06370, 06507, 06508, 06510, 90152, 90168, 90327, 90329, 90474, 90494, 90495, 90634, 90918, 90933, 90960, 90961, 90968, 90971, 90972, 90973, 90988, 90989, 99932, 99936

Nevada

The following groups are delegated to Intermountain Health:

06351, 06352, 90011, 90204, 90206, 90211, 90213, 90254, 90256, 90644, 90645, 90646, 90647, 91631, 92138, 92140, 92213, 92215, 92217, 92229, 92231, 92235, 92242, 92246, 92248, 92253, 92256, 92283

Nevada

The following groups are delegated to OptumCare:

06349, 06350, 06353, 06354, 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, 92139, 92141, 92214, 92216, 92218, 92228, 92230, 92232, 92236, 92243, 92247, 92249, 92255, 92262, 92263, 92264, 92268, 92269, 92270, 92271, 92272, 92275, 92276, 92277, 92280, 92281, 92284, 92285

New Jersey

The following groups are delegated to OptumCare:

06477, 09100, 09102, 09103, 90068, 90069, 90071, 90072, 90330, 92014, 92016

New Mexico

The following groups are delegated to OptumCare:

06348, 38011, 38013, 90132, 90270, 90271, 90710, 90762, 90763, 90828, 90832, 90833, 90834, 90837, 90839, 90840, 90975, 90976

New Mexico

The following groups are delegated to WELLMED:

90786, 90789, 90861, 90862, 90865, 90284

New York

The following groups are delegated to OptumCare:

06485, 06486, 06487, 09000, 09001, 09117, 09118, 41034, 90181, 90182, 90183, 90184, 90187, 90316, 90324, 90480, 90483, 90484

Ohio

The following groups are delegated to OptumCare:

06459, 90001, 90043, 90045, 90046, 90048, 90049, 90487, 90489, 90490, 90491, 90496, 90925, 90926, 90928, 90930, 90931, 90932, 90934, 90938, 90939, 90940, 90941, 90943, 90944, 90945, 90946, 90948, 90957, 90958, 90962, 90963, 90966

Oregon

The following groups are delegated to OptumCare:

90287, 90288, 90290, 90291, 90293, 90294, 90304, 90796, 90797, 90816, 90817, 90818, 90819, 90820, 90821, 90906, 90907, 90909, 90910, 92116, 92117, 92194

South Carolina

The following groups are delegated to OptumCare:

06342, 90457, 90459, 90466, 90764, 90873, 90985, 90986, 90987

Tennessee

The following groups are delegated to OptumCare:

90384, 90385, 90386, 90387, 90445, 90446, 90448, 90639, 90640, 90641, 90642

Texas

The following groups are delegated to HealthTexas Medical Groups:

06317, 90258, 90713, 90715, 90719, 90721, 90730, 90770, 91635, 91637, 91637, 91640, 92124, 92142, 92163, 92205, 92261, TX99TXDSNPF9, TX99TXDSNPP9

Texas

The following groups are delegated to WellMed:

00012, 00143, 00300, 00304, 00306, 00307, 00308, 00309, 00310, 06315, 06316, 06320, 06321, 06325, 06328, 06439, 06441, 06444, 06445, 06446, 06447, 06483, 06488, 72814, 72815, 77018, 77019, 90029, 90114, 90115, 90116, 90117, 90118, 90119, 90120, 90121, 90122, 90123, 90129, 90131, 90164, 90165, 90166, 90252, 90257, 90259, 90262, 90263, 90277, 90278, 90285, 90295, 90297, 90298, 90299, 90300, 90312, 90313, 90314, 90315, 90500, 90714, 90716, 90717, 90718, 90720, 90722, 90723, 90724, 90725, 90727, 90728, 90729, 90732, 90733, 90734, 90735, 90736, 90737, 90767, 90768, 90769, 90771, 90777, 90778, 90781, 90790, 90791, 90914, 90915, 90916, 90917, 91612, 91613, 91642, 92122, 92164, 92199, 92207, 96000, TX99TXDSNPF4, TX99TXDSNPF5, TX99TXDSNPP4, TX99TXDSNPP5, TX99TXSNH2FW, TX99TXSNH2PW, TX99TXSNH2QW, TX99TXSNPF2W, TX99TXSNPF6W, TX99TXSNPF8W, TX99TXSNPP2W, TX99TXSNPP6W, TX99TXSNPP7W, TX99TXSNPP8W, TX99TXSNPQ6D, TX99TXSNPQ7W, TX99TXSNPQ8W

Utah

The following groups are delegated to OptumCare:

06448, 42000, 42004, 42022, 42030, 90034, 90055, 90064, 90065, 90268, 90301, 90302, 90303, 91627, 91628, 92101, 92102

Virginia

The following groups are delegated to OptumCare:

90648, 90649, 90650, 90651

Washington

The following groups are delegated to Independent Clinics of Washington:

90363, 90364, 90365, 90366, 90367, 90368, 90371, 90377, 90379, 90390, 90413, 90424, 90892, 90896, 90903, 91653, 91657, 92120, 92208

Washington

The following groups are delegated to OptumCare:

06391, 06392, 90153, 90155, 90156, 90361, 90362, 90391, 90393, 90409, 90410, 90415, 90416, 90423, 90427, 90532, 90536, 90537, 90633, 90738, 90739, 90866, 90890, 90891, 90894, 90898, 90899, 90900, 90901, 90902, 91647, 91650, 91651, 91652, 91655, 91656, 92118, 92119, 92210

Washington

The following groups are delegated to Seattle Medical Group:

90411, 90425, 90893, 90897, 90904, 91649, 91654, 91658, 92143, 92209

Wisconsin

The following groups are delegated to OptumCare:

06458, 90439, 90453, 90455, 90508, 90509, 90513, 90514, 90515, 90520, 90521, 90522, 90523, 90524, 90525, 90526, 90527, 90529, 90530, 90618, 90619, 90620

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 [2026 UnitedHealthcare Care Provider Administrative Guide](#)

Preferred Care Network and Preferred Care Partners (Florida)

UHC MedicareDirect Private Fee-for-Service (PFFS)

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Behavioral health services Behavioral health services through a designated behavioral health network Plan exclusions: Erickson Advantage	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures Plan exclusions: Erickson Advantage	Prior authorization required				
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy Plan exclusions: Erickson Advantage	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
		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			
Cancer supportive Care Plan exclusions: UHC Nursing Home Plan and UHC Care Advantage Plan (I-SNP) and Massachusetts DSNP (includes MA SCO OneCare)	For all plans including Erickson Advantage, prior authorization required for colony-stimulating factor drugs and bone-modifying agent(s) administered in an outpatient setting for a cancer diagnosis *Codes J0897, J1442, J1447, J9332, Q5108, Q5110, Q5111, Q5122 and Q5125 also require prior authorization for non-oncology diagnosis (DX). See injectable medications section	J0185 J1453 J2506 J9272 Q5110* Q5136	J0897* J1454 J2820 Q2055 Q5120 Q5157	J1442* J1627 J9021 Q5101 Q5122* Q5157	J1447* J1952 J9061 Q5108* Q5125* Q5159
		Antiemetic Drugs J1434 J1456 J2468 Colony Stimulating Factors J1449 Q5111 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: Erickson Advantage UHC Nursing Home Plan and UHC Care Advantage Plan (I-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 2026 UnitedHealthcare Care Provider Administrative Guide .	

Cardiovascular

Plan exclusions:

Erickson Advantage

Prior authorization required

Cardiology

33285	93653	93656	37254*
37256*	37258*	37260*	37263*
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	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
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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		T82.818A	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 S35.512A T82.338A T82.898A I73.81	Q27.9 T82.312A T82.392A I73.00	Q87.2 T82.318A T82.398A I73.01	S35.511A T82.319A T82.399A I73.1
Cartilage implants Plan exclusions: Erickson Advantage	Prior authorization required	27415	27416		
Chemotherapy Plan exclusions: UHC Nursing Home Plan and UHC Care Advantage Plan (I-SNP) and Massachusetts DSNP (includes MA SCO OneCare)	For all plans including Erickson Advantage, 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: - 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 A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech Plan exclusions: Erickson Advantage	Prior authorization required	69714 L8690	69930 L8691	L8614 L8692	L8619

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Continuous Glucose monitor	Prior authorization required	A4238	A4239	E2102	E2103
Plan exclusions: Erickson Advantage					
Cosmetic and reconstructive procedures	Prior authorization required	11960	11971	15820	15821
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	15822	15823	15830	15847
		15877	15878	15879	17106
		17107	17108	17999	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21248	21249	21255
		21256	21260	21261	21263
21267		21268	21275	21299	
28344		30540	30545	30560	
30620		31295	31296	31297	
31298		31299	67900	67901	
67902		67903	67904	67906	
67908		67909	67912	67950	
67961		67966	Q2026		
For Erickson Advantage, contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes					
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: UHC Nursing Home Plan (I-SNP)	For UnitedHealthcare Medicare Advantage plans: Power mobility devices/accessories and lymphedema pumps	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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	require notification or prior authorization regardless of the cost.	E0302	E0304	E0316	E0328
		E0329	E0373	E0483	E0616
		E0618	E0635	E0636	E0639
		E0640	E0692	E0693	E0694
	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	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
		E1399	K0108	K0455	K0730
		For Erickson Advantage , contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.			
End-stage renal disease/dialysis services 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.	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.			
Plan exclusions: Erickson Advantage	Advance notification/prior authorization isn't required for ESRD when a UnitedHealthcare Medicare Advantage plan member travels outside of the service area. Note: Your agreement with us may include restrictions on referring plan members outside of the UnitedHealthcare network.				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Erickson Advantage	Prior authorization from Erickson required. Contact the MSR/prior authorization on the back of the ID card	For the following select set of services, prior authorization from Erickson is required: 1. DME with expense greater than \$1,000 2. All out of network services when member requests coverage at in-network rates 3. 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. Experimental and investigational services 8. Potential cosmetic services 9. Transplants			
Gender dysphoria treatment	Prior authorization required	55970	55980		
Plan exclusions:		These surgical codes, when billed with one of the following Dx codes:			
Erickson Advantage		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Home Health care – Applicable to Erickson Advantage only	Prior authorization required	For Erickson Advantage , contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.			
Home health care – Applicable to Tennessee D-SNP only	Prior authorization required	S9122	S9123	T1000	
Home health care – Applicable to Peoples Health only	Prior authorization required	Nurse G0299	G0300	S9123	S9124
		PT G0151	G0157	S9131	
		OT S9122	S9123	S9124	T1000
		ST G0153	S9128		
		HHA G0156	S9122		
		MSW G0155		S9127	
Hysterectomy (abdominal and Laparoscopic surgeries) – Inpatient and outpatient procedures	Prior authorization required	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570
Plan exclusions: Erickson Advantage					
Hysterectomy (vaginal) – Inpatient only	No prior authorization required for outpatient vaginal hysterectomies	58260 58270 58294	58262 58290	58263 58291	58267 58292
Plan exclusions: Erickson Advantage					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications Plan exclusions for therapeutic radiopharmaceuticals: UHC Nursing Home Plan and UHC Care Advantage Plan (I-SNP)	For all plans including Erickson Advantage, prior authorization required*	Anemia J0896 – Reblozyl Alzheimers J0174 – Leqembi J0175 – Kisunla Asthma J2786 – Cinqair J0517 – Fasenra J2182 – Nucala J2356 – Tezspire Bloody Modifying Agents J0223 – Givlaari J1299 – Soliris J1302 – Enjaymo J1303 – Ultomiris J1307 – PiaSky J9332 – Vyvgart J9333 – Rystiggo J9334 – Vyvgart Hytrulo Q5151 – Epysqli Q5152 – Bkemv J1289 - Yartemlea Bone Density Agents Q5158 – Connexence J3111 – Evenity J0897 – Prolia Q5157 – Stoboclo Q5136 – Jubbonti Q5159 – Ospomyv Q5167 - Enoby Botulinum Toxins J0585 – Botox J0586 – Dysport J0587 – Myobloc J0588 – Xeomin J0589 – Daxxify Cardiology J1306 – Leqvio Central Nervous System Agents J0222 – Onpattro

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		J0225 – Amvuttra J1301 – Radicava J1304 – Qalsody J2326 – Spinraza J3032 – Vyepti J9332 – Vyvgart J9333 – Rystiggo J9334 – Vyvgart Hytrulo J9256 - Imaavy Endocrine J0224 – Oxlumo J0584 – Crysvida J2507 – Krystexxa J3241 – Tepezza Gene Therapy J1411 – Hemgenix J1412 – Roctavian J1413 – Elevidys J3392 – Beqvez J3401 – Vyjuvek J3398 – Luxturna J3399 – Zolgensma J3403 – Encelto J3404 – Papzimeos J3405 - Itvisma Hyaluronic Acid Polymers J7320 – Genvisc 850 J7321 – Hyalgan/Supartz/Supartz FX/Visco-3 J7322 – Hymovis / Hymovis One J7323 – Euflexxa J7324 – Orthovisc J7326 – Gel-One J7327 – Monovisc J7329 – TriVisc J7331 – Synojoynt J7332 – Triluron Immune Globulins (IVIG, SCIG) 90283 90284 J1459 J1551 J1552 J1553 J1554 J1555 J1556 J1557 J1558 J1559 J1561 J1566 J1568 J1569

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		J1572 J1575 J1576 J1599
		Immune Modulator
		J0491 – Saphnelo
		J9038 – Niktimvo
		J1823 – Uplizna
		J9381 – Tziel
		J9301 - Gazyva
		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
		Q9997 – Pyzchiva
		Q9998 – Selarsdi
		Q9999 – Otulfi
		Q5164 - Starjemza
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		J1305 – Evkeeza J2998 – Ryplazim J7171 – Adzynma Rituximab Q5123 – Riabni Q5119 – Ruxience Q5115 – Truxima J9311 – Rituxan Hycela 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 Q5108 – Fulphila Q5110 – Nivestym Q5111 – Udenyca Q5120 – Ziextenzo Q5122 – Nyvepria Q5125 – Releuko Q5127 – Stimufend Q5130 – Fylnetra

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Q5148 – Nypozi Q5101 - Zarxio For all applicable plans including Erickson Advantage, 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, Ranluspec, Rivfloza

Inpatient admissions – Post-acute services

Plan exclusions:

None

Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:

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

Home & Community Care (formerly naviHealth) manages prior authorization for in-scope membership.

Phone: 855-851-1127

*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

Note: These plans are excluded from the skilled nursing facility prior authorization requirement: UHC Nursing Home Plan (I-SNP)

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 Erickson Advantage, contact the MSR/prior authorization number on the back of the ID card for additional information on how

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		to obtain prior authorization, CPT codes or HCPCS codes.			
Non-emergency air transport Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430	A0431	A0435	A0436
Plan exclusions: Erickson Advantage					
Orthognathic surgery Treatment of maxillofacial (jaw) functional impairment	Prior authorization required	21120	21121	21122	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
Plan exclusions: Erickson Advantage		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247		
Orthopedic surgeries Spine and joint surgeries	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
Plan exclusions: Erickson Advantage		22222	22224	22532	22533
		22548	22551	22554	22556
		22558	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22867
		22869	22899	23470	23472
		24360	24361	24362	24363
		24365	25441	25442	25444
		25446	25449	27120	27122

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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
		0200T	0201T	J7330	
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

A recommendation from a network physician or health care professional to a hospital, physician or other health care professional who's out-of-network

Plan exclusions: None

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.

For Medicare Advantage plan members, you may bill any code as long as advance notification is obtained 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		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. 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. For Erickson Advantage, contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.
Outpatient therapy (PT/OT/ST, chiropractic) Plan Exclusions: Erickson Advantage members who do not live in long-term care facilities Peoples Health UHC Nursing Home Plan and UHC Care Advantage Plan (I-SNP)	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 Erickson Advantage only, prior authorization is required for place of service related to residing in long-term care facilities: 32-Nursing, 33-Custodial Care 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 For Erickson Advantage , contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.

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: Erickson Advantage					
Potentially unproven services (including experimental/investigational and/or linked services) •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 Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials •Cohort studies in the prevailing published peer-reviewed medical literature	Prior authorization required	28890 64722 95966	33289 64744 C2624	36514 66180	64405 95965
Plan exclusions: None					
Private duty nursing Plan exclusions: All individual Medicare Advantage plans	Prior authorization is only required for procedure T1000 specific employer group plans	Prior authorization is only required for procedure T1000 for the specific employer group plan codes listed below:			
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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: Erickson Advantage					
Radiation therapy	Prior authorization required	IGRT 77387			
Plan exclusions: Erickson Advantage and Massachusetts DSNP (includes MA SCO OneCare)		Proton Beam Therapy (PBT) 77520 77522 77523 77525			
		Radiation Treatment Delivery			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Radiation therapy (cont.)		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 Prostate - ICD10: C61

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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.			
Radiology Plan exclusions: Erickson Advantage UHC Nursing Home Plan and UHC Care Advantage Plan (I-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 2026 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.			
Rhinoplasty Treatment of nasal functional impairment and septal deviation Plan exclusions: None	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
		For Erickson Advantage, contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea Plan exclusions: Erickson Advantage	Prior authorization required 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	21685 42145	41512	41530	41599
Spine surgery Plan exclusions: Erickson Advantage	Prior authorization required	20930 22858	20931	20939	22854
Stereotactic Radiosurgery Plan exclusions: Erickson Advantage and Massachusetts DSNP (includes MA SCO OneCare)	Prior authorization required	77371	77372		
Stimulators Implantation of a device that Sends electrical impulses Plan exclusions: Erickson Advantage	Prior authorization required	Bone growth stimulator E0747 E0748 E0749 E0760 Neurostimulator 61850 61863 61864 61867 61868 61885 61886 63650 63655 63685 64555 64568 64590 L8682 L8683 Use the Prior Authorization and Notification tool on the			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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
Plan exclusions: Erickson Advantage and Massachusetts DSNP (includes MA SCO OneCare)					
Transplant of tissue or organs •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	Prior authorization required	For cellular and gene therapy services, including Abecma Amtagvi, Aucatzyl, Breyanzi, Carvykti, Casgevy, Kymriah, Lantidra, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Tecelra, Waskyra, Yartemlea, 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: None		Cellular and gene therapy J1289 J3386 J3387 J3389 J3391 J3392 J3393 J3394 J3402 Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 Q2057 Q2058 Evaluation for transplant 99205 Bone marrow harvest 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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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.			
		For Erickson Advantage , contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.			
Vein procedures	Prior authorization required	37243	37799		
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities					
Plan exclusions:					
Erickson Advantage					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Ventricular assist devices (VAD) 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
Plan exclusions: Erickson Advantage		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 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.			