UnitedHealthcare® Medicare Advantage/ Peoples Health Plans prior authorization requirements

Effective September 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

Viginia
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

United Healthcare®

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 J0897* J1442* J1447* J1453 J1454 J1627 J1952 J2506 J2820 J9021 J9061 J9272 Q2055 Q5101 Q5108* Q5110* Q5120 Q5122* Q5125* Q5136 Q5157 Q5157 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 **Plan exclusions:** Erickson Advantage	Prior authorization required	A4238 A4239 E2102 E2103
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function **Plan exclusions:** None	Prior authorization required Advance notification required for services, whether scheduled as inpatient or outpatient	11960 11971 15820 15821 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) **Plan exclusions:** UHC Nursing Home Plan (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. For UnitedHealthcare Medicare Advantage plans: Power mobility devices/accessories and lymphedema pumps	Prior authorization required regardless of billed amount: E0466 E0766 E1230 E1239 E2510 K0801 K0806 K0808 K0831 K0835 K0836 K0837 K0838 K0839 K0840 K0841 K0842 K0843 K0848 K0849 K0850 K0851 K0852 K0854 K0855 K0856 K0857 K0858 K0859 K0860 K0861 K0862 K0863 K0864 K0877 K0884 K0890 K0891 K0898 K0899 Prior authorization required only for a retail purchase or cumulative rental cost of more than $1,000: E0170 E0194 E0277 E0300

United Healthcare®

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. 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	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 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 **Plan exclusions:** Erickson Advantage	Advance notification is required if a plan member is referred to an out-of-network provider for dialysis services. Advance notification/prior authorization isn't required for ESRD when a UnitedHealthcare Medicare Advantage plan member travels outside of the service area. Note: Your agreement with us may include restrictions on referring plan members outside of the UnitedHealthcare network.	Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com. After you sign in, select the Prior Authorization and Notification on your dashboard. Or, you can call 877-842-3210.

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 **Plan exclusions:** Erickson Advantage	Prior authorization required	55970 55980 These surgical codes, when billed with one of the following Dx codes: F64.0 F64.1 F64.2 F64.8 F64.9 Z87.890 14000 14001 14041 15734 15738 15750 15757 15758 15775 15776 15780 15781 15782 15783 15788 15789 15792 15793 19303 21899 31599 31899 53410 53420 53425 53430 54125 54400 54401 54405 54408 54520 54660 54690 55175 55180 55866 56625 56800 56805 57106 57110 57291 57292 57295 57296 57335 57426 58661 58720 58940 64856 64892 64896 92507 92508

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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 **Plan exclusions:** Erickson Advantage	Prior authorization required	58150 58152 58180 58541 58542 58543 58544 58550 58552 58553 58554 58570 58571 58572 58573
Hysterectomy (vaginal) – Inpatient only **Plan exclusions:** Erickson Advantage	No prior authorization required for outpatient vaginal hysterectomies	58260 58262 58263 58267 58270 58290 58291 58292 58294

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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 Q5162 - Bildyos **Botulinum Toxins** J0585 – Botox J0586 – Dysport J0587 – Myobloc J0588 – Xeomin J0589 – Daxxify **Cardiology** J1306 – Leqvio **Central Nervous System Agents**

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		J0222 – Onpattro J0225 – Amvuttra J1301 – Radicava J1304 – Qalsody J2326 – Spinraza J3032 – Vyepti J9332 – Vyvgart J9333 – Rystiggo J9334 – Vyvgart Hytrulo J9256 - Imaavy **Endocrine** J0224 – Oxlumo J0584 – Crysvita 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		J1561 J1566 J1568 J1569 J1572 J1575 J1576 J1599 **Immune Modulator** J0491 – Saphnelo J9038 – Niktimvo J1823 – Uplizna J9381 – Tzield 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 **Opthalmologic Agents** J2781 – Syfovre J2782 – Izervay

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Q5130 – Fylnetra 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 Note: These plans are excluded from the skilled nursing facility prior authorization requirement: UHC Nursing Home Plan (I-SNP)	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 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 **Plan exclusions:** Erickson Advantage	Prior authorization required	A0430 A0431 A0435 A0436
Orthognathic surgery Treatment of maxillofacial (jaw) functional impairment **Plan exclusions:** Erickson Advantage	Prior authorization required	21120 21121 21122 21123 21125 21127 21141 21142 21143 21145 21146 21147 21150 21151 21154 21155 21159 21160 21188 21193 21194 21195 21196 21198 21199 21206 21210 21215 21240 21242 21244 21245 21246 21247
Orthopedic surgeries Spine and joint surgeries **Plan exclusions:** Erickson Advantage	Prior authorization required	22100 22101 22102 22110 22112 22114 22206 22207 22210 22212 22214 22220 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 **Plan exclusions:** Erickson Advantage	Prior authorization required	62350 62351 62360 62361 62362
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 **Plan exclusions:** None	Prior authorization required	28890 33289 36514 64405 64722 64744 66180 95965 95966 C2624 **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.
Pre-D M&R	Prior authorization is required for Medicare Advantage and C&S Medicare Duals	0627T 64581 64654 64655 64656 64657 64658 64659 81479
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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		12826	12834	12835	12840
		12986	12987	12988	13295
		13296	13353	13354	13355
		13464	13465	13466	13467
		13470	13483	13517	13518
		13519	13522	13523	13546
		13711	13804	13850	13852
		13875	13895	13896	15304
		15305	15306	15307	15330
		15331	15336	15337	15375
		15403	15404	15405	15406
		15408	15409	15410	15412
		15413	15414	15415	15416
		15417	15418	15424	15425
		15426	15428	15429	15451
		15550	15605	15606	15627
		15628	15629	15630	15631
		15632	15633	15634	15635
		15636	15637	15638	15639
		15640	15641	15642	15643
		15644	15645	15646	15648
		15672	15673	15725	15726
		15727	15728	15734	15735
		15736	15737	15738	15739
		15740	15741	15742	15743
		15747	15748	15774	15780
		15782	15783	15784	15785
		15786	15787	15788	15789
		15790	15791	15792	15793
		15795	15802	15894	15895
		15937	15938	16175	16188
		16190	16191	16205	16206
		16207	16208	16233	16234
		16235	16236	16325	16326
		16327	27070		
Prostate procedures **Plan exclusions:** Erickson Advantage	Prior authorization required	52441	52442		
Radiation therapy **Plan exclusions:** Erickson Advantage and	Prior authorization required	IGRT 77387 Proton Beam Therapy (PBT)			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Massachusetts DSNP (includes MA SCO OneCare)		77520 77522 77523 77525
Radiation therapy (cont.)		Radiation Treatment Delivery 77402* 77407 77412 SRS/SBRT 77371 77372 77373 G0339 G0340 Special/Associated Services 77331 77370 77399 77470 Y90 S2095 79445 *Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges: Applicable ICD10 codes for cancer types in scope for Hypofractionation: Bone Mets - ICD10: C79.51, C79.52 Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00,

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		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 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:**	Prior authorization required	30400 30410 30420 30430 30435 30450 30460 30462 30465

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
None		**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.
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 palatopharyng oplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty Applies only for surgical sleep apnea procedures and not sleep studies	21685 41512 41530 41599 42145
Spine surgery **Plan exclusions:** Erickson Advantage	Prior authorization required	20930 20931 20939 22854 22858
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:**	Prior authorization required	**Bone growth stimulator** E0747 E0748 E0749 E0760 **Neurostimulator** 61850 61863 61864 61867 61868 61885 61886 63650

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Erickson Advantage		63655 63685 64555 64568 64590 L8682 L8683 Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210
Therapeutic Radiopharmaceuticals **Plan exclusions:** Erickson Advantage and Massachusetts DSNP (includes MA SCO OneCare)	Prior authorization required	A9513 A9590 A9606 A9607 A9615 A9699
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 **Plan exclusions:** None	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 **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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		50360 50365 50370 50547 **Pancreas** 48551 48552 48554 **Liver** 47135 47143 47147 **Intestine** 44132 44133 44135 44136 **Services related to transplants** 32855 33933 38208 38209 38210 38212 38213 38214 38215 38232* 44137 44715 44720 44721 47133 47140 47141 47142 47144 47145 47146 50325 S2152 *Code 38232 will only require prior authorization for an oncology diagnosis. **Temporary and unclassified** C9301* C9399* J3490* J3590* *For unclassified code C9301, C9399, J3490 and J3590, notification/prior authorization is required for Amtagvi, Lantidra Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210. **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 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	Prior authorization required	37243 37799

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 **Plan exclusions:** Erickson Advantage		Please call the Optum VAD Case Management team at 888-936-7246. Or, you can call the notification number on the back of the member's health plan ID card. 33927 33928 33929 33975 33976 33979 33981 33982 33983 *For Peoples Health, enter prior authorization request including CPT codes listed above, using the UnitedHealthcare Provider Portal. Use the Prior Authorization and Notification tool on the 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.