

UnitedHealthcare Medicare Advantage Prior Authorization Requirements

September 1, 2023

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Medicare Advantage for inpatient and outpatient services. This includes UnitedHealthcare Dual Complete and other plans listed in the following “Included Plans” section. Health plans excluded from the requirements are listed in the “Excluded Plans”

To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard.
- **Phone:** 877-842-3210

Prior authorization is not required for emergency or urgent care.

Note: If you are a network provider who is contracted directly with a delegated medical group/IPA, then you must follow the delegate’s protocols. Delegates may use their own systems and forms. They must meet the same regulatory and accreditation requirements as UnitedHealthcare.

Plans with referral requirements: If a member’s health plan ID card says “Referral Required,” certain services may require a referral from the member’s primary care provider and prior authorization obtained by the treating physician. You can find more information about the referral process in the 2023 UnitedHealthcare Care Provider Administrative Guide at UHCprovider.com/guides.

The following listed plans require prior authorization for in-network services:

Included Plans

Medicare plans subject to the [UnitedHealthcare West Non-Capitated Supplement](#)

Medicare Advantage HMO, HMO-POS, PPO and Regional PPO plans, including AARP[®] Medicare Advantage[®], UnitedHealthcare[®] The Villages[®] Medicare Advantage[®], UnitedHealthcare[®] Medicare Advantage[®] plans for both individual and employer group members, UnitedHealthcare Medicare Gold and Silver plans

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

UnitedHealthcare[®] Chronic Complete (CSNP)

UnitedHealthcare[®] Nursing Home and UnitedHealthcare[®] Assisted Living Plans (HMO I-SNP), (HMO-POS I-SNP), (PPO I-SNP)

UnitedHealthcare Dual Eligible Special Needs Plans (D-SNP) and Medicare Advantage benefit plans offered by UnitedHealthcare Community Plan subject to an additional manual, as further described in the benefit plan section of the 2023 UnitedHealthcare Care Provider Administrative Guide at [UHCprovider.com/guides](https://www.uhcprovider.com/guides). As explained in the benefit plan section, some UnitedHealthcare Dual Eligible Special Needs Plans (D-SNP) and Medicare Advantage benefit plans offered by UnitedHealthcare Community Plan are not subject to an additional manual and are therefore subject to the Administrative Guide.

In some instances, we have delegated prior authorization services to a provider group. In these cases, the “For Providers” section on the back of the member’s ID card will list the delegated group managing the prior authorization process. Delegated plans include:

Delegated Plans

Arizona: The following groups are delegated to OptumCare: AARP Medicare Advantage Choice Plan 1 (PPO)- Group 92004; AARP Medicare Advantage Choice Plan 2 (PPO) - Group 92007; AARP Medicare Advantage Patriot (PPO) - Groups: 92008, 92015; AARP Medicare Advantage Patriot (PPO) - Group 90108; AARP Medicare Advantage Walgreens Plan 1 (PPO) - Groups 92001, 92002; AARP Medicare Advantage Walgreens Plan 2 (PPO) - Group 92006, 92009; AARP Medicare Advantage Walgreens Plan 3 (PPO) - Group 92010

Colorado: The following groups are delegated to OptumCare: AARP Medicare Advantage Choice Plan 1 (PPO) - Groups 90091, 90092, 90093, 90094, 91014, 91015, 91016, 91017; AARP Medicare Advantage Choice Plan 2 (PPO) - Groups 90039, 90057, 91012, 91013; AARP Medicare Advantage Choice Rebate (PPO) - Groups 90097, 90133; 90134, 90135, 91018, 91019, 91020, 91021; AARP Medicare Advantage Walgreens (PPO)- Groups 90095, 90096, 91010, 91011

Connecticut: The following groups are delegated to Advantage Plus Network: AARP Medicare Advantage Choice (PPO)- Group 90125; AARP Medicare Advantage Choice (Regional PPO) - Groups 90150, 90151; AARP Medicare Advantage Choice Flex (PPO) - Group 90223; UnitedHealthcare Medicare Advantage Patriot (HMO-POS) - Groups - 27155, 27156, 27062, 27151, 27064, 27153, 27100, 27150

Florida: The following groups are delegated to WellMed Pf: Preferred Care Network MedicareMax (HMO) - Groups 98151, 98152; MedicareMax Chronic (HMO C-SNP)- Groups 90215, 98153, 98154, 98155; Preferred Care Partners: Preferred Choice Broward (HMO) - Group 99791; Preferred Choice Dade (HMO)-Group 99790; Preferred Choice Palm Beach(HMO)- Group 99797; Preferred Medicare Assist (HMO D-SNP) - Groups 99792, 99793, 99796; Preferred Medicare Assist Palm Beach (HMO D-SNP) - Groups 99798, 99799, 99800; Preferred Special Care Miami-Dade (HMO C-SNP) - Groups 99795

Florida: The following groups are delegated to WellMed: AARP Medicare Advantage (HMO-POS) - Groups 82958, 82960, 82969, 82977, 82980, 90028, 90078, 90079; AARP Medicare Advantage Choice (PPO)- Groups 70342, 70343, 70344, 70345, 70346, 70347, 70348, 80192, 80193, 80194, 90086, 90089; AARP Medicare Advantage Choice Plan 2 (Regional PPO) - Group 72811; AARP Medicare Advantage Focus (HMO-POS) - Groups 70341, 82970; AARP Medicare Advantage Patriot (Regional PPO) - Group 72790; AARP Medicare Advantage Plan 2 (HMO-POS) - Group 82962; AARP Medicare Advantage Premier (HMO-POS) - 82978; UnitedHealthcare Medicare Advantage Walgreens (HMO-POS C-SNP) - Groups 95115, 95116, 95117, 95118; UnitedHealthcare The Villages Medicare Advantage (HMO-POS) - Group 82940; UnitedHealthcare The Villages Medicare Focus (HMO-POS) - Group 40199

Georgia: The following groups are delegated to OptumCare: AARP Medicare Advantage Choice Rebate (PPO) - Groups 92107, 92108; AARP Medicare Advantage Plus Plan 1 (HMO-POS) - Group - 92104; AARP Medicare Advantage Plus Plan 2 (HMO-POS) - Group 92105; AARP Medicare Advantage Walgreens (HMO-POS)- Group 92103; UnitedHealthcare Medicare Advantage Choice (Regional PPO) - Group - 92109, 9211; UnitedHealthcare Medicare Advantage Choice Plan 1 (PPO) - Group 92106; UnitedHealthcare Medicare Advantage Patriot (Regional PPO)- Group 92113; UnitedHealthcare Medicare Advantage Patriot (Regional PPO) - Group 92115

Hawaii: The following groups are delegated to MDX: AARP Medicare Advantage Choice (PPO) Groups 77026; AARP Medicare Advantage Choice Plan 1 (PPO) - Groups 77000, 77007; AARP Medicare Advantage Choice Plan 2 (PPO) - Groups 77024; AARP Medicare Advantage Patriot (PPO) - Groups 77003, 77008

Idaho: The following groups are delegated to OptumCare: AARP Medicare Advantage (HMO-POS) - Group 90219; AARP Medicare Advantage Choice Plan 1 (PPO) - Group -90216; AARP Medicare Advantage Choice Plan 2 (PPO) - Group 90217; AARP Medicare Advantage Choice Plan 3 (PPO) - Group 90218; AARP Medicare Advantage Patriot (HMO-POS) - Group 90221; AARP Medicare Advantage Plan 1 (HMO-POS) - Groups 38014, 90220; AARP Medicare Advantage Plan 2 (HMO-POS) - Groups 44016, 90222; UnitedHealthcare Chronic Complete Assure (PPO C-SNP) - Groups 90305

Kansas: The following groups are delegated to OptumCare: AARP Medicare Advantage Choice Plan 1 (PPO) - Group 90193; AARP Medicare Advantage Choice Plan 2 (PPO) - Group 90326; AARP Medicare Advantage Patriot (PPO) - Group 90328; AARP Medicare Advantage Plan 1 (HMO-POS) - Group 90167; AARP Medicare Advantage Plan 2 (HMO-POS) - Group 90088

Indiana: The following groups are delegated to OptumCare/American Health Network Indiana: AARP Medicare Advantage (HMO-POS) - Groups 00744, 00748, 00749, 00750, 00755, 00758; AARP Medicare Advantage Choice (PPO) - Group - 90103; AARP Medicare Advantage Choice Plan 1 (PPO) - 67026, 67030, 67034, 90101; AARP Medicare Advantage Choice Plan 2 (PPO) - Groups 90126, 90127, 92018, 92020, 92021; AARP Medicare Advantage Focus (PPO) - Group 74000; AARP Medicare Advantage Patriot (PPO) - Group 90041; AARP Medicare Advantage Profile (HMO-POS) - Group 00746;

Kentucky: The following groups are delegated to WellMed: AARP Medicare Advantage Choice (PPO) - Groups 90137, 90139; AARP Medicare Advantage Flex Plan 1 (HMO-POS) - Group 90076; AARP Medicare Advantage Flex Plan 2 (HMO-POS) - Group - 90077; AARP Medicare Advantage Flex Plan 6 (HMO-POS) - Groups - 90002, 90141; AARP Medicare Advantage Plan 2 (HMO-POS) - Group - 90047; AARP Medicare Advantage Plan 3 (HMO-POS) - Group 90044

Missouri: The following groups are delegated to OptumCare: AARP Medicare Advantage Choice Plan 1 (PPO) - Groups 90194; AARP Medicare Advantage Choice Plan 2 (PPO) - Groups 90327; AARP Medicare Advantage Patriot (PPO) - Group - 90168; AARP Medicare Advantage Plan 1 (HMO-POS) - Group 90152; UnitedHealthcare Medicare Advantage Choice Plan 2 (Regional PPO) - Group 99932, 99936; UnitedHealthcare Medicare Advantage Choice Plan 3 (Regional PPO) - Group - 90053, 90054

Nevada: The following groups are delegated to Intermountain Healthcare Group (IHC): UnitedHealthcare AARP Medicare Advantage (HMO-POS) - Group 90204; AARP Medicare Advantage Premier (HMO-POS) - Group 90206; AARP Medicare Advantage Walgreens Plan 1 (HMO-POS) - Group 90213; UnitedHealthcare Dual Complete (HMO-POS D-SNP) - Group - 90011; UnitedHealthcare Medicare Advantage Assist (HMO-POS C-SNP) - Group 90211

Nevada: The following groups are delegated to OptumCare: AARP Medicare Advantage (HMO-POS) - Group 90202; AARP Medicare Advantage Choice (PPO) - Group 92011; AARP Medicare Advantage Patriot (PPO) - Group 92012; AARP Medicare Advantage Plan 1 (HMO-POS) - Group - 90209; AARP Medicare Advantage Plan 2 (HMO-POS) - Group 90214; AARP Medicare Advantage Premier (HMO-POS) - Group 90205; AARP Medicare Advantage Walgreens Plan 1 (HMO-POS) - 90212; AARP Medicare Advantage Walgreens Plan 2 (PPO) - Groups 90027, 92013; UnitedHealthcare Dual Complete (HMO-POS D-SNP) - Group 90008, 90009; UnitedHealthcare Medicare Advantage Assist (HMO-POS C-SNP) - Group 90210; UnitedHealthcare Medicare Advantage Focus (HMO-POS) - Group 90207

New Jersey: The following groups are delegated to OptumCare: AARP Medicare Advantage Choice (PPO) - Groups 92014, 92016; AARP Medicare Advantage Choice Premier (PPO) - Groups 90330; AARP Medicare Advantage Patriot (HMO-POS) - Groups 09100; AARP Medicare Advantage Plan 1 (HMO-POS) - Groups 09102, 09103; AARP Medicare Advantage Plan 2 (HMO-POS)- Group 90068, 90069; AARP Medicare Advantage Plan 3 (HMO-POS) - Groups 90071, 90072

New Mexico: The following groups are delegated to OptumCare: AARP Medicare Advantage (HMO-POS) - Groups 17087, 38011, 38013, 38018; AARP Medicare Advantage Choice Plan 1 (PPO) - Groups - 90035, 90037; AARP Medicare Advantage Choice Plan 2 (PPO) - Groups 79710, 79711; AARP Medicare Advantage Choice Rebate (PPO) - Groups 79751, 79752; 79755; 79756; AARP Medicare Advantage Patriot (PPO) - Group - 74062; UnitedHealthcare Chronic Complete Assure (PPO C-SNP) - Group 90132;

New Mexico: The following groups are delegated to WellMed: AARP Medicare Advantage Choice (PPO) – Groups 79718, 79735

New York: The following groups are delegated to OptumCare: AARP Medicare Advantage (HMO-POS) - Groups

90189, 90190, 90179, 90180, 90183, 90184, 90185, 90186, 90188; AARP Medicare Advantage Choice (PPO)- Groups 90316, 90318, 90319, 90320, 90321, 90322, 90323, 90324; AARP Medicare Advantage Mosaic Choice (PPO) - Groups 09000, 09001; AARP Medicare Advantage Patriot (HMO-POS) - Groups 90175, 90176; AARP Medicare Advantage Plan 1 (HMO-POS) - Group 90169, 90170. 90171, 90172; AARP Medicare Advantage Plan 2 (HMO-POS) - Groups 90177, 90178, 90181, 90182; AARP Medicare Advantage Premier Choice (PPO) - Groups 09002, 09003; AARP Medicare Advantage Prime (HMO-POS) - Groups - 90173, 90174; AARP Medicare Advantage Value Care (HMO-POS) - Groups 41034, 90187; AARP Medicare Advantage Value Care (PPO) - Groups 09117, 09118; UnitedHealthcare Medicare Advantage Choice Plan 1 (Regional PPO) - Groups 90142, 90143; UnitedHealthcare Medicare Advantage Choice Plan 3 (Regional PPO) - Groups 90146, 90147; UnitedHealthcare Medicare Advantage Choice Plan 4 (Regional PPO) - Groups 90148, 90149; UnitedHealthcare Medicare Advantage Patriot (Regional PPO) - 90144, 90145

Ohio: The following groups are delegated to OptumCare: AARP Medicare Advantage Choice (PPO) - Groups 90138, 90140; AARP Medicare Advantage Choice Flex (PPO) - Group 90049; AARP Medicare Advantage Choice Plan 4 (PPO) - Groups 92017; AARP Medicare Advantage Flex Plan 6 (HMO-POS) - Groups 90074; AARP Medicare Advantage Flex Plan 8 (HMO-POS) - Groups 90063; AARP Medicare Advantage Patriot (PPO) - Groups 90001; AARP Medicare Advantage Plan 1 (HMO-POS) - Groups 90007; AARP Medicare Advantage Plan 2 (HMO-POS) - Groups 90046, 90048; AARP Medicare Advantage Plan 3 (HMO-POS) - Group 90045; AARP Medicare Advantage Plan 5 (HMO-POS) - Group 90043; AARP Medicare Advantage Plan 7 (HMO-POS) - Group 90005

Oregon: The following groups are delegated to OptumCare: AARP Medicare Advantage Choice (PPO) - Groups 90081, 90604; AARP Medicare Advantage Patriot (PPO) - Groups 90085, 90607; AARP Medicare Advantage Walgreens (PPO) - Groups 90083, 90084, 90605, 90606; UnitedHealthcare Chronic Complete Assure (PPO C-SNP) - Groups 90304

Texas: The following groups are delegated to WellMed: AARP Medicare Advantage (HMO-POS) - Groups 00300, 00304, 00306, 00309, 90312, 90315; AARP Medicare Advantage Ally (HMO-POS) - Group 90129; AARP Medicare Advantage Choice (PPO)- Groups 17064, 17065, 17066, 72806, 72807, 72814, 72815, 77018, 77019, 79717, 79730, 90112, 90113, 90114, 90115; AARP Medicare Advantage Patriot (HMO-POS) - Groups 00308, 96000; AARP Medicare Advantage Plan 1 (HMO-POS) - Groups 90122, 90123; AARP Medicare Advantage Plan 2 (HMO-POS) - Groups 90116, 90117; AARP Medicare Advantage Walgreens (PPO) - Groups 90110, 90111; UnitedHealthcare Chronic Complete (HMO-POS C-SNP) - Groups 90117, 90119, 90120, 90121; UnitedHealthcare Chronic Complete Ally (HMO-POS C-SNP) - Group 90130; UnitedHealthcare Dual Complete (HMO-POS D-SNP) - Groups 00307, 90165; UnitedHealthcare Dual Complete (HMO-POS D-SNP) - Groups TX99TXDSNPF1, TX99TXDSNPF2, TX99TXDSNPF3, TX99TXDSNPP1, TX99TXDSNPP2, TX99TXDSNPP3, TX99TXSNH2FW, TX99TXSNH2PW; UnitedHealthcare Dual Complete Ally (HMO-POS D-SNP) - Groups 90131, 90164; UnitedHealthcare Dual Complete Choice (Regional PPO D-SNP) - Group 99952; UnitedHealthcare Dual Complete Choice Premier (PPO D-SNP) - Groups TX99TXSNPF1W, TX99TXSNPP1W; UnitedHealthcare Dual Complete Select (HMO-POS D-SNP) - Groups 00012, 00303, 00305, 00310, 90029, 9031, 90032, 90166, 90313, 90314, TX99TXDSNP5F, TX99TXDSNP5P; UnitedHealthcare Medicare Advantage Choice (Regional PPO) - Groups 99953, 99955; UnitedHealthcare Medicare Gold (Regional PPO C-SNP) - Groups 99951, 99954; UnitedHealthcare Medicare Silver (Regional PPO C-SNP) - Group 99950

Utah: The following groups are delegated to OptumCare: AARP Medicare Advantage Choice (PPO) - Group 90034; AARP Medicare Advantage Choice Rebate (PPO) - Groups 92101, 92102; AARP Medicare Advantage Patriot (HMO-POS) - Group 42004; AARP Medicare Advantage Plan 1 (HMO-POS) - Group 42000; AARP Medicare Advantage Plan 2 (HMO-POS) - Group 42030; UnitedHealthcare Dual Complete Choice (PPO D-SNP) - Group 90064; UnitedHealthcare Dual Complete Select (PPO D-SNP) - Group 90065; UnitedHealthcare Medicare Advantage Assist (HMO-POS C-SNP) - Group 90055

Washington: The following groups are delegated to OptumCare: AARP Medicare Advantage Choice (PPO) - Groups 90158, 90162, 90609; AARP Medicare Advantage Choice Plan 1 (PPO) - Group 90160, 90608; AARP Medicare Advantage Choice Plan 2 (PPO) - Group 90059, 90611; AARP Medicare Advantage Patriot (HMO-POS) - Group 90156; AARP Medicare Advantage Patriot (PPO) - Group 90058, 90610; AARP Medicare Advantage Plan 1 (HMO-POS) - Group 90153; AARP Medicare Advantage Plan 2 (HMO-POS) - Group 90155

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

Excluded Plans

The UnitedHealthcare Prior Authorization Program does not apply to the following excluded benefit plans. However, these benefit plans may have separate notification or prior authorization requirements. For details, please refer to the 2023 UnitedHealthcare Care Provider Administrative Guide at [UHCprovider.com/guides](https://www.uhcprovider.com/guides).

Erickson Advantage[®] Plans

UnitedHealthcare Medicare DirectSM (PFFS)

For the Preferred Care Network and Preferred Care Partners of Florida groups above, please refer to the Preferred Care Network and Preferred Care Partners for Prior Authorization Requirements, located at [UHCprovider.com/priorauth](https://www.uhcprovider.com/priorauth) > Advance Notification and Plan Requirement Resources > Plan Requirement Resources.

Other benefit plans such as Medicaid, CHIP and Uninsured that aren't Medicare Advantage plans.

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

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------|--|---------|--------|--------|
| Breast reconstruction (non-mastectomy) (cont.) | | C50.922 | C50.929 | C79.81 | D05.90 |
| | | D05.00 | D05.01 | D05.02 | D05.10 |
| | | D05.11 | D05.12 | D05.80 | D05.81 |
| | | D05.82 | D05.91 | D05.92 | Z85.3 |
| | | Z90.10 | Z90.11 | Z90.12 | Z90.13 |
| | | Z42.1 | | | |

Cancer Supportive Care Plan exclusions:
Institutional Special Needs Plans (ISNP)

Prior authorization required for colony-stimulating factor drugs and bone-modifying agent(s) administered in an outpatient setting for a cancer diagnosis

*Codes J1442, J1447, J9332, Q5108, Q5110, Q5111, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.

Anti-emetics that require prior authorization:

Akynzeo® (palonosetron/fosnetupitant)

J1454

Cinvanti™ (aprepitant)

J0185

Emend® (fosaprepitant)

J1453

SustoI® (granisetron extended release)

J1627

Injectable colony-stimulating factor drugs that require prior authorization:

Filgrastim (Neupogen®)

J1442*

Filgrastim-aafi (Nivestym™)

Q5110*

Filgrastim-sndz (Zarxio®)

Q5101

Pegfilgrastim (Neulasta®)

J2506

Pegfilgrastim-ppgf (Nyvepria™)

Q5122*

Pegfilgrastim-bmez (Ziextenzo®)

Q5120

Pegfilgrastim-cbqv (UDENYCA™)

Q5111*

Pegfilgrastim-jmdb (Fulphila™)

Q5108*

Sargramostim (Leukine®)

J2820

Tbo-filgrastim (Granix®)

J1447*

Trilaciclib (Cosela™)

J1448

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|-------------------------|------------------------|--|
|-------------------------|------------------------|--|

Cancer Supportive Care (continued)

Filgrastim-ayow (Releuko®)
Q5125*

Bone-modifying agent that requires prior authorization:

Denosumab (Prolia®, Xgeva®)
J0897

Antiemetic Drugs
J1456

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call **888-397-8129**.

Cardiology

Plan exclusions:

UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)

Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology (EP) implants and stress echocardiograms prior to performance

For more information, please see the Cardiology Prior Authorization Protocol for Medicare Advantage section in the Administrative Guide.

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call **866-889-8054**.

For more details and the CPT® codes that require prior authorization, please visit **UHCprovider.com/priorauth > Cardiology**.

Cardiovascular

Plan exclusions:

None

Prior authorization required

| Cardiology | | Cardiology | |
|------------|--------|------------|--------|
| E0616 | 33285 | 93653 | 93656 |
| 37220* | 37221* | 37224* | 37225* |
| 37226* | 37227* | 37228* | 37229* |
| 37230* | 37231* | | |

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

| | | | |
|---------|---------|---------|---------|
| E08.52 | E09.52 | E10.52 | E11.52 |
| E13.52 | I70.221 | I70.222 | I70.223 |
| I70.228 | I70.229 | I70.231 | I70.232 |
| I70.233 | I70.234 | I70.235 | I70.238 |
| I70.239 | I70.241 | I70.242 | I70.243 |
| I70.244 | I70.245 | I70.248 | I70.249 |
| I70.25 | I70.261 | I70.262 | I70.263 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

| | | | | | |
|-----------------------------------|--|----------|----------|----------|----------|
| Cardiovascular (continued) | | 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 |
| | | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

| | | | | | |
|-----------------------------------|--|----------|----------|----------|----------|
| Cardiovascular (continued) | | 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 |
| | | Q27.8 | Q27.9 | Q87.2 | S35.511A |
| | | S35.512A | T82.312A | T82.318A | T82.319A |
| | | T82.338A | T82.392A | T82.398A | T82.399A |
| | | T82.898A | I73.00 | I73.01 | I73.1 |
| | | I73.81 | | | |

| | | | | | |
|---------------------------|------------------------------|-------|-------|--|--|
| Cartilage Implants | Prior authorization required | 27415 | 27416 | | |
| Plan exclusions: | | | | | |
| None | | | | | |

| | | | | | |
|--|---|---|--|--|--|
| Chemotherapy | Notification required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis | Injectable chemotherapy drugs that require notification: | | | |
| Plan exclusions: | | | | | |
| Institutional Special Needs Plans (ISNP) | | <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642) Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code | | | |

For notification, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call **888-397-8129**.

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|--|---|---|
| Cochlear and other auditory implants | Prior authorization required | 69714 L8690 | 69930 L8691 | L8614 L8692 | L8619 |
| Plan exclusions: None A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech | | | | | |
| Cosmetic and reconstructive procedures | Prior authorization required | 11960 15822 | 11971 15823 | 15820 15830 | 15821 15847 |
| Plan exclusions: None Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function | Advance notification required for services, whether scheduled as inpatient or outpatient | 15877 17107 21175 21182 21235 21256 21267 21740 30540 31295 31299 67903 67909 67966 | 15878 17108 21179 21183 21248 21260 21268 21742 30545 31296 67900 67904 67912 Q2026 | 15879 17999 21180 21184 21249 21261 21275 21743 30560 31297 67901 67906 67950 | 17106 21172 21181 21230 21255 21263 21299 28344 30620 31298 67902 67908 67961 |
| Durable medical equipment (DME) | Prosthetics are not DME for UnitedHealthcare Medicare Advantage plan members – see Prosthetics and Orthotics. | Prior authorization required regardless of billed amount: | | | |
| Plan exclusions: Institutional Special Needs Plans (ISNP) | 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. Some payer groups may have different DME advance notification requirements for plan members through their benefit plans. | E0466 E2510 K0831 K0838 K0842 K0850 K0855 K0859 K0863 K0890 | E0766 K0801 K0835 K0839 K0843 K0851 K0856 K0860 K0864 K0891 | E1230 K0806 K0836 K0840 K0848 K0852 K0857 K0861 K0877 K0898 | E1239 K0808 K0837 K0841 K0849 K0854 K0858 K0862 K0884 K0899 |
| | | Prior authorization required only for a retail purchase or cumulative rental cost of more than \$1,000: | | | |
| | | E0170 E0302 E0329 E0618 | E0194 E0304 E0373 E0635 | E0277 E0316 E0483 E0636 | E0300 E0328 E0616 E0639 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|---|---|--|
| Durable medical equipment (DME) (continued) | <u>For UnitedHealthcare Medicare Advantage plans:</u> Power mobility devices/accessories and lymphedema pumps require notification or prior authorization regardless of the cost. | E0640 E0740 E0784 E1002 E1006 E1010 E1161 E1235 E1399 | E0692 E0761 E0984 E1003 E1007 E1017 E1232 E1236 K0108 | E0693 E0764 E0986 E1004 E1008 E1035 E1233 E1237 K0455 | E0694 E0770 E0988 E1005 E1009 E1036 E1234 E1238 K0730 |
| End-stage renal disease/dialysis services Plan exclusions: None Services for the treatment of end-stage renal disease (ESRD) require advance notification – includes outpatient dialysis services | Advance notification is required if a plan member is referred to an out-of-network provider for dialysis services. The purpose of steering to an in-network dialysis center is to avoid high cost-shares for plan members, even when they may have out-of-network benefits. Advance notification/prior authorization isn't required for ESRD when a UnitedHealthcare Medicare Advantage plan member travels outside of the service area. Note: Your agreement with us may include restrictions on referring plan members outside of the UnitedHealthcare network. | To enroll or refer a UnitedHealthcare Medicare Advantage plan member to the Optum Kidney Resource Service, please call 866-561-7518 . | | | |
| Gender dysphoria treatment Plan exclusions: None | Prior authorization required | 55970 14000 15738 15775 15782 15792 31599 53425 | 55980 14001 15750 15776 15783 15793 31899 53430 | F64.0 F64.1 F64.2 F64.8 14041 15757 15780 15788 19303 53410 54125 | These surgical codes, when billed with one of the following DX codes: 15734 15758 15781 15789 21899 53420 54400 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|---|---|--|-------|--|-------|-------|
| | | | | 54401 | 54405 | 54408 |
| | | 54660 | 54690 | 55175 | 55180 | |
| | | 55866 | 56625 | 56800 | 56805 | |
| | | 57106 | 57110 | 57291 | 57292 | |
| | | 57295 | 57296 | 57335 | 57426 | |
| | | 58661 | 58720 | 58940 | 64856 | |
| | | 64892 | 64896 | 92507 | 92508 | |
| Home Health Care | Prior Authorization is only required for members residing in and receiving services in Alabama, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Nebraska, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Washington, Wisconsin and Wyoming | 99503 | 99505 | G0151 | G0152 | |
| | | G0153 | G0155 | G0156 | G0157 | |
| | | G0158 | G0159 | G0160 | G0161 | |
| | | G0162 | G0299 | G0300 | G0493 | |
| | | G0494 | G0495 | G0496 | G2168 | |
| | | G2169 | S9122 | S9123 | S9124 | |
| | | S9127 | S9128 | S9129 | S9131 | |
| | | S9474 | | | | |
| | | | | To submit or check the status of a Home Health Authorization request for skilled nursing, physical Therapy, occupational therapy, speech therapy, social work or Home Health Aide, please use nH Access (http://access.navihealth.com/) or submit a standard fax cover sheet to 888.815.1808. For questions, please contact 855.851.1127 | | |
| | | | | | | |
| Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures | Prior authorization required | 58150 | 58152 | 58180 | 58541 | |
| | | 58542 | 58543 | 58544 | 58550 | |
| | | 58552 | 58553 | 58554 | 58570 | |
| | | 58571 | 58572 | 58573 | | |
| | | | | | | |
| Plan exclusions: | | | | | | |
| None | | | | | | |
| Hysterectomy (vaginal) – inpatient only | No prior authorization required for outpatient vaginal hysterectomies | 58260 | 58262 | 58263 | 58267 | |
| | | 58270 | 58290 | 58291 | 58292 | |
| | | 58294 | | | | |
| | | | | | | |
| Plan exclusions: | | | | | | |
| None | | | | | | |
| Injectable medications Plan exclusions for Therapeutic Radiopharmaceuticals: Institutional Special Needs Plans (ISNP) | Prior authorization required* | Adakveo® | | | | |
| | | J0791 | | | | |
| | | Aduhelm™ | | | | |
| | | J0172 | | | | |
| | | Amvuttra™ | | | | |
| | | J0225 | | | | |
| | | Botulinum Toxins | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-------|-------|--|
| Injectable medications (continued) | J0585 | J0586 | J0587 | J0588 | |
| | Crysvita® | | | | |
| | J0584 | | | | |
| | Enjaymo® | | | | |
| | J1302 | | | | |
| | Entyvio™ | | | | |
| | J3380 | | | | |
| | Evkeeza™ | | | | |
| | J1305 | | | | |
| | Givlaari® | | | | |
| | J0223 | | | | |
| | Hemgenix® | | | | |
| | J1411 | | | | |
| | Immune Globulins (IVIG, SCIG) | | | | |
| | 90283 90284 J1459 J1551 | | | | |
| | J1554 J1555 J1556 J1557 | | | | |
| | J1558 J1559 J1561 J1566 | | | | |
| | J1568 J1569 J1572 J1575 | | | | |
| | J1599 | | | | |
| | Injectable Medications – Unclassified | | | | |
| | C9399 J3490 J3590 | | | | |
| | Korsuva® | | | | |
| | J0879 | | | | |
| | Krystexxa® | | | | |
| | J2507 | | | | |
| | Leqembi® | | | | |
| | J0174 | | | | |
| | Leqvio® | | | | |
| | J1306 | | | | |
| | Luxturna™ | | | | |
| | J3398 | | | | |
| | Nexviazyme® | | | | |
| | J0219 | | | | |
| | Ocrevus™ | | | | |
| | J2350 | | | | |
| | Onpattro™ | | | | |
| | J0222 | | | | |
| | Orencia™ | | | | |
| | J0129 | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---------------------------------------|---|--|-------|-------|--|
| Injectable medications (continued) | Oxlumio™ | | | | |
| | J0224 | | | | |
| | Panzyga® | | | | |
| | J1576 | | | | |
| | Radicava® | | | | |
| | J1301 | | | | |
| | Reblozyl® | | | | |
| | J0896 | | | | |
| | Ryplazim® | | | | |
| | J2998 | | | | |
| | Saphnelo™ | | | | |
| | J0491 | | | | |
| | Skyrizi® | | | | |
| | J2327 | | | | |
| | Soliris | | | | |
| | J1300 | | | | |
| | Spevigo® | | | | |
| | J1747 | | | | |
| | Spinraza™ | | | | |
| | J2326 | | | | |
| | Tepezza® | | | | |
| | J3241 | | | | |
| | Tezspire™ | | | | |
| | J2356 | | | | |
| | Therapeutic Radiopharmaceuticals* | | | | |
| | A9513 | A9590 | A9606 | A9607 | |
| | A9699 | | | | |
| | Tzield® | | | | |
| | J9381 | | | | |
| | Unclassified and Temporary Codes** | | | | |
| | C9151 | C9399 | J3490 | J3590 | |
| | Ultomiris™ | | | | |
| | J1303 | | | | |
| Uplizna® | | | | | |
| J1823 | | | | | |
| Vabysmo® | | | | | |
| J2777 | | | | | |
| Vyvgart™ | | | | | |
| J9332 | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|-------------------------|------------------------|--|
|-------------------------|------------------------|--|

Zolgensma®

J3399

*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call **888-397-8129**.

**For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Syfovre®

Injectable medications – Step therapy

Plan exclusions:

Non-Employer Group Medicare Advantage

- Erickson Advantage® plans: H5652-001 through H5652-008
- UnitedHealthcare Medicare Direct (Private Fee-For-Service, PFFS)
- Certain UnitedHealthcare Dual Complete plans:
 - Arizona: H0321-004
 - District of Columbia: H2228-045
 - Minnesota: H7778-001, H7778-002
 - New Jersey: H3113-005
 - New York: H3387-013
 - Tennessee: H0251-004
 - Virginia: H7464-005
- UnitedHealthcare Connected plans (Medicare-Medicaid)
 - Massachusetts: H9239-001
 - Ohio: H2531-001
 - Texas: H7833-001
- UnitedHealthcare Senior Care Options in Massachusetts: H2226-001, H2226-003

Employer Group Medicare Advantage:

- All Group HMO plans
- Select Group PPO plans:

Prior authorization required

Bone Density Agents

J3111 J0897

Colony-Stimulating Factors**

| | | | |
|-------|-------|-------|-------|
| J1442 | J1447 | J1449 | Q5108 |
| Q5110 | Q5111 | Q5122 | Q5125 |
| Q5127 | Q5130 | | |

Erythropoiesis-Stimulating Agents

J0885

Hyaluronic Acid Polymers

(FDA approved as medical devices)

| | | | |
|-------|-------|-------|-------|
| J7320 | J7321 | J7322 | J7323 |
| J7324 | J7326 | J7327 | J7329 |
| J7331 | J7332 | | |

Immunomodulators

J1745 Q5104

Intravenous Iron Products

J1437 J1439

Rituximab

J9311 J9312 Q5123

Vascular Endothelial Growth Factor (VEGF) Inhibitors

| | | | |
|-------|-------|-------|-------|
| J0178 | J0179 | J2777 | J2778 |
| J2779 | Q5124 | Q5128 | |

**For codes J1442, J1447, Q5108 and Q5110, Q5111, Q5122 prior authorization is required for both oncology and non-oncology DX.

For oncology DX, please see Cancer supportive care section above.

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

- Navistar: H2001-869
- Johnson & Johnson: H2001-869
- Bristol-Myers Squibb: H2001-869
- Verizon: H2001-869
- United Auto Workers (UAW) Trust: H2001-875
- U.S. Government of the Virgin Islands (USGVI): H2001-859, H2001-868

| Inpatient admission | Notification required | | | | |
|---------------------|-----------------------|--|--|--|--|
|---------------------|-----------------------|--|--|--|--|

| | | | | | |
|--|--|--|--|--|--|
| Inpatient admissions – post-acute services Plan exclusions: None | Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities <p>Note: These plans are excluded from the skilled nursing facility prior authorization requirement:</p> <ul style="list-style-type: none"> • UnitedHealthcare® Nursing Home | naviHealth manages prior authorization for in-scope membership. Phone: 855-851-1127 Fax: 844-244-9482 | | | |
|--|--|--|--|--|--|

| | | | | | |
|---|------------------------------|-------|-------|-------|-------|
| Non-emergency air transport Plan exclusions: None Non-urgent ambulance transportation by air between specified locations | Prior authorization required | A0430 | A0431 | A0435 | A0436 |
|---|------------------------------|-------|-------|-------|-------|

| | | | | | |
|-----------------------------|------------------------------|-------|-------|-------|-------|
| Orthognathic surgery | Prior authorization required | 21120 | 21121 | 21122 | 21123 |
|-----------------------------|------------------------------|-------|-------|-------|-------|

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|---|-------|-------|-------|
| Plan exclusions: | | 21125 | 21127 | 21141 | 21142 |
| None | | 21143 | 21145 | 21146 | 21147 |
| Treatment of maxillofacial (jaw) functional impairment | | 21150 | 21151 | 21154 | 21155 |
| | | 21159 | 21160 | 21188 | 21193 |
| | | 21194 | 21195 | 21196 | 21198 |
| | | 21199 | 21206 | 21210 | 21215 |
| | | 21240 | 21242 | 21244 | 21245 |
| | | 21246 | 21247 | | |
| Orthotics | Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000 | | | | |
| Plan exclusions: | | | | | |
| None | | | | | |
| Orthopedic surgeries | Prior authorization required | 22100 | 22101 | 22102 | 22110 |
| Plan exclusions: | | 22112 | 22114 | 22206 | 22207 |
| US Virgin Island policies 67006, 67007, 67008, 24755, 25309, 23930, 97003, 97004, 97005, 97006, 97007, 97008 | | 22210 | 22212 | 22214 | 22220 |
| | | 22222 | 22224 | 22532 | 22533 |
| | | 22548 | 22551 | 22554 | 22556 |
| | | 22558 | 22590 | 22595 | 22600 |
| Spine and joint surgeries | | 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 |
| | | 27125 | 27130 | 27132 | 27134 |
| | | 27137 | 27138 | 27412 | 27445 |
| | | 27446 | 27447 | 27486 | 27487 |
| | | 27700 | 29834 | 29837 | 29838 |
| | | 29840 | 29844 | 29845 | 29846 |
| | | 29847 | 29866 | 29867 | 29868 |
| | | 29891 | 29892 | 29894 | 29895 |
| | | 29897 | 29898 | 29899 | 29914 |
| | | 29915 | 29916 | 63001 | 63003 |
| | | 63005 | 63011 | 63012 | 63015 |
| | | 63016 | 63017 | 63020 | 63030 |
| | | 63040 | 63042 | 63045 | 63046 |
| | | 63047 | 63050 | 63051 | 63055 |
| | | 63056 | 63064 | 63075 | 63077 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| | | 63081 | 63085 | 63087 | 63090 |
| | | 63101 | 63102 | 63170 | 63172 |
| | | 63173 | 63185 | 63190 | 63191 |
| | | 63197 | 63200 | 0200T | 0201T |
| <p>Out-of-network services Plan exclusions: None A recommendation from a network physician or health care provider to a hospital, physician or other health care provider who isn't contracted with UnitedHealthcare</p> | <p>Please note that your agreement with UnitedHealthcare may include restrictions on directing plan members outside of the UnitedHealthcare network. Plan members who use non-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.</p> <p><u>Advance notification is required for UnitedHealthcare Medicare Advantage plan members in the following circumstances:</u></p> <p>A network physician or health care professional directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan doesn't include benefits for out-of-network services.</p> <p>A network physician or health care provider directs a member to an out-of-network facility, physician or other health care provider and the member's benefit plan includes benefits for out-of-network services – but there are no available in-network care providers for the type of specialty services needed.</p> <p>A network physician or health care provider requests in-network cost sharing or benefit level</p> | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

| | | | | | |
|--|---|--|--|--|--|
| | because there aren't in-network care providers for the type of specialty services needed. | | | | |
|--|---|--|--|--|--|

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|--|--|---|-------|-------|-------|
| Outpatient Therapy (PT/OT/ST, Chiropractic) | Prior authorization is required for contracted providers in AR, GA, NJ, and SC | Physical, Occupational and Speech Therapy | | | |
| | | 92507 | 92508 | 92521 | 92522 |
| | | 92523 | 92524 | 92526 | 92626 |
| | | 92627 | 96105 | 97012 | 97016 |
| | | 97018 | 97022 | 97024 | 97026 |
| | | 97028 | 97032 | 97033 | 97034 |
| | | 97035 | 97036 | 97039 | 97110 |
| | | 97112 | 97113 | 97116 | 97124 |
| | | 97139 | 97140 | 97150 | 97161 |
| | | 97162 | 97163 | 97164 | 97165 |
| | | 97166 | 97167 | 97168 | 97530 |
| | | 97533 | 97535 | 97537 | 97542 |
| | | 97545 | 97546 | 97750 | 97755 |
| | | 97760 | 97761 | 97799 | G0129 |
| | | G0281 | G0282 | G0283 | |
| | | Chiropractic | | | |
| | | 98940 | 98941 | 98942 | |
| | | Optum providers: For authorization in AR, GA, NJ, and SC, please submit requests online at www.optumhealthphysicalhealth.com or call 800-873-4575 | | | |
| | | UHC Providers: For authorization in AR, GA, NJ, and SC, online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool/Outpatient Therapy on your Provider Portal dashboard or call 866-416-6594 | | | |

| | | | | | |
|-------------------------|------------------------------|-------|-------|-------|-------|
| Pain Management | Prior authorization required | 62350 | 62351 | 62360 | 62361 |
| Plan exclusions: | | 62362 | | | |
| None | | | | | |

| | | | | | |
|--|--|-------|-------|-------|-------|
| Potentially unproven services (including experimental/investigational and/or linked services) | Prior authorization required | 28890 | 33289 | 36514 | 64405 |
| | Services, including medications, determined not to be effective for treatment of a medical condition | 64722 | 64744 | 66180 | 95965 |
| | | 95966 | C2624 | | |
| Plan exclusions: | | | | | |
| None | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|--|--|--|
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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

| | | | | | |
|-----------------------------|---|-------|-------|-------|-------|
| Private Duty Nursing | Prior authorization is only required procedure T1000 for the following Group Retiree plans only | 12268 | 12350 | 12394 | 12404 |
| | | 12405 | 12406 | 12407 | 12408 |
| | | 12413 | 12414 | 12415 | 12416 |
| | | 12417 | 12418 | 12419 | 12422 |
| | | 12423 | 12424 | 12427 | 12428 |
| | | 12429 | 12430 | 12431 | 12433 |
| | | 12434 | 12435 | 12436 | 12437 |
| | | 12438 | 12440 | 12441 | 12442 |
| | | 12443 | 12444 | 12445 | 12446 |
| | | 12826 | 12834 | 12835 | 12840 |
| | | 12986 | 12987 | 12988 | 13295 |
| | | 13296 | 13353 | 13354 | 13355 |
| | | 13464 | 13465 | 13466 | 13467 |
| | | 13470 | 13483 | 13517 | 13518 |
| | | 13519 | 13522 | 13523 | 13546 |
| | | 13711 | 13804 | 13850 | 13852 |
| | | 13875 | 13895 | 13896 | 15304 |
| | | 15305 | 15306 | 15307 | 15330 |
| | | 15331 | 15336 | 15337 | 15375 |
| | | 15403 | 15404 | 15405 | 15406 |
| | | 15408 | 15409 | 15410 | 15412 |
| | | 15413 | 15414 | 15415 | 15416 |
| | | 15417 | 15418 | 15424 | 15425 |
| | | 15426 | 15428 | 15429 | 15451 |
| | | 15550 | 15605 | 15606 | 15627 |
| | | 15628 | 15629 | 15630 | 15631 |
| | | 15632 | 15633 | 15634 | 15635 |
| | | 15636 | 15637 | 15638 | 15639 |
| | | 15640 | 15641 | 15642 | 15643 |
| | | 15644 | 15645 | 15646 | 15648 |
| | 15672 | 15673 | 15725 | 15726 | |
| | 15727 | 15728 | 15734 | 15735 | |
| | 15736 | 15737 | 15738 | 15739 | |
| | 15740 | 15741 | 15742 | 15743 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------------------|---|---|-------|-------|-------|
| Private Duty Nursing (cont.) | | 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 | <ul style="list-style-type: none"> Prior authorization required | 52441 | 52442 | | |
| Plan exclusions: None | | | | | |
| Prosthetics | Prior authorization required only for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000 | L5301 | L5856 | L5968 | L5981 |
| Plan exclusions: None | | L5987 | | | |
| Radiation Therapy | Prior authorization required | Image Guided Radiation Therapy (IGRT) | | | |
| | | 77014 | 77387 | G6001 | G6002 |
| | | G6017 | | | |
| | | Prostate Spacer | | | |
| | | 55874 | | | |
| | | Proton Beam Therapy (PBT) | | | |
| | | 77520 | 77522 | 77523 | 77525 |
| | | Special/Associated Services | | | |
| | | 77331 | 77370 | 77399 | 77470 |
| | | Standard Radiation Therapy (2D/3D) | | | |
| | | 77401 | 77402 | 77407 | 77412 |
| | | G6003 | G6004 | G6005 | G6006 |
| | | G6007 | G6008 | G6009 | G6010 |
| | | G6011 | G6012 | G6013 | G6014 |
| | | Prior authorization set-up in the claims system base on the ICD10 diagnosis codes listed below when a Standard 2D/3D Radiation Therapy technique is requested/utilized. | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

Breast - ICD10: C50.011-C50.929, D05.00-D05.92, C84.7A
 Prostate - ICD10: C61
 Bone Mets - ICD10: C79.51-C79.52
 Lung Cancer - ICD10: C34.00-C34.92

Y90 (Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors)
 79445

| | | | | | |
|---|--|--|--|--|--|
| Radiology Plan exclusions: UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP) | Prior authorization required for participating physicians who request these Advanced Outpatient Imaging Procedures: <ul style="list-style-type: none"> Certain 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 Administrative Guide. | Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 866-889-8054 . For more details and the CPT® codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Radiology. | | | |
|---|--|--|--|--|--|

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

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--|
| Site of service (SOS) – Outpatient hospital Plan exclusions: <ul style="list-style-type: none"> AK DSNP HI DSNP KY DSNP MA DSNP UT DSNP WI DSNP | Prior authorization is only required when requesting service in an outpatient hospital setting Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC) Prior authorization is not required for care providers in AK, HI, KY, MA, UT, WI | Breast Lesion/Cyst/Tumor Removal 19125 Carpal Tunnel Surgery 29848 Colonoscopy and Biopsy* <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>44388</td> <td>44389</td> <td>44391</td> <td>44408</td> </tr> <tr> <td>45330</td> <td>45378</td> <td>45379</td> <td>45380</td> </tr> <tr> <td>45381</td> <td>45382</td> <td>45384</td> <td>45385</td> </tr> <tr> <td>45386</td> <td>45388</td> <td>45389</td> <td>45390</td> </tr> <tr> <td>45393</td> <td>G0105</td> <td>G0121</td> <td></td> </tr> </table> | | | | 44388 | 44389 | 44391 | 44408 | 45330 | 45378 | 45379 | 45380 | 45381 | 45382 | 45384 | 45385 | 45386 | 45388 | 45389 | 45390 | 45393 | G0105 | G0121 | |
| 44388 | 44389 | 44391 | 44408 | | | | | | | | | | | | | | | | | | | | | | |
| 45330 | 45378 | 45379 | 45380 | | | | | | | | | | | | | | | | | | | | | | |
| 45381 | 45382 | 45384 | 45385 | | | | | | | | | | | | | | | | | | | | | | |
| 45386 | 45388 | 45389 | 45390 | | | | | | | | | | | | | | | | | | | | | | |
| 45393 | G0105 | G0121 | | | | | | | | | | | | | | | | | | | | | | | |
| *SOS Prior authorization is NOT required for these codes for Vermont and Maine | Corneal Transplant 65756 Cystoscopy <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>52000</td> <td>52001</td> <td>52005</td> <td>52007</td> </tr> <tr> <td>52204</td> <td>52214</td> <td></td> <td></td> </tr> </table> | 52000 | 52001 | 52005 | 52007 | 52204 | 52214 | | | | | | | | | | | | | | | | | | |
| 52000 | 52001 | 52005 | 52007 | | | | | | | | | | | | | | | | | | | | | | |
| 52204 | 52214 | | | | | | | | | | | | | | | | | | | | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | |
|--|---------------------------------------|---|-------|-------|
| Site of service (SOS) – Outpatient hospital (continued) | Deviated Septum Repair | 30520 | | |
| | | Eye Surgery | | |
| | 65855 | 66183 | 66982 | 66984 |
| | 67036 | 67040 | 67041 | 67042 |
| | 67108 | 67113 | 67145 | 67210 |
| | 67228 | 67917 | | |
| | Fractured Arm | | | |
| | 23615 | 23630 | 24515 | 24516 |
| | 24665 | 24666 | 25545 | 25605 |
| | 25606 | 25607 | 25608 | 25609 |
| | Glaucoma Procedures | | | |
| | 65820 | 66170 | | |
| | Hernia Repair | | | |
| | 49505 | 49521 | 49525 | 49550 |
| | 49553 | 49650 | 49651 | |
| | Knee Arthroscopy | | | |
| | 29870 | 29874 | 29875 | 29876 |
| | 29877 | 29879 | 29880 | 29881 |
| | 29888 | | | |
| | Other Bladder Surgeries | | | |
| | 51720 | 51728 | 51729 | 52287 |
| | 52300 | 52310 | 52315 | 52330 |
| | 52332 | 52341 | 52344 | 52351 |
| | 52354 | 52356 | 53445 | |
| | Other Female Genital Surgeries | | | |
| 57240 | 57260 | 57288 | 58558 | |
| Other Foot/Toe Surgeries | | | | |
| 28120 | 28285 | 28288 | 28291 | |
| 28296 | | | | |
| Other Male Genital Surgeries | | | | |
| 55040 | | | | |
| Other Nervous System Surgeries | | | | |
| 64718 | 64721 | | | |
| Other Prostate Surgeries | | | | |
| 52630 | 55700 | | | |
| Other Therapeutic Procedures of the Muscle/Tendon | | | | |
| 23430 | 26055 | 26123 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| Site of service (SOS) – Outpatient hospital (continued) | | Other Urethra Surgeries | | | |
| | | 52275 | 52276 | 52281 | 52282 |
| | | 52285 | | | |
| | | Pain Management | | | |
| | | 62270 | 62321 | 62322 | 62323 |
| | | 64418 | 64483 | 64490 | 64493 |
| | | 64510 | 64633 | 64635 | |
| | | Percutaneous Vertebral Augmentation | | | |
| | | 22514 | | | |
| | | Removal of Bladder Tumors | | | |
| | | 52224 | 52234 | 52235 | |
| | | Removal of Kidney Stones | | | |
| | | 50590 | | | |
| | | Shoulder Arthroscopy | | | |
| | | 29823 | 29824 | 29827 | 29828 |
| | | Skin Graft | | | |
| | | 14040 | 14060 | 14301 | 15100 |
| | | 15120 | 15220 | 15240 | 15260 |
| | | Treatment/Removal of Bladder Stones | | | |
| | | 52320 | 52325 | 52352 | 52353 |
| | Upper GI Endoscopy - Esophagus / Stomach / Small Intestine* | | | | |
| | 43235 | 43236 | 43237 | 43238 | |
| | 43239 | 43240 | 43241 | 43242 | |
| | 43245 | 43247 | 43248 | 43249 | |
| | 43250 | 43251 | 43253 | 43254 | |
| | 43255 | 43259 | | | |
| Sleep apnea procedures and surgeries | Prior authorization required | 21685 | 41512 | 41530 | 41599 |
| Plan exclusions: | Applies to inpatient or outpatient procedures and surgeries, including, but not limited to: | 42145 | | | |
| None | palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. | | | | |
| Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea | Applies only for surgical sleep apnea procedures and not sleep studies. | | | | |
| Spine Surgery | Prior authorization required | 20930 | 20931 | 20939 | 22854 |
| Plan exclusions: | | 22858 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|---|-------|-------|-------|
| None | | | | | |
| Stimulators | Prior authorization required | Bone Growth Stimulator | | | |
| Plan exclusions: | | E0747 | E0748 | E0749 | E0760 |
| None | | Neurostimulator | | | |
| Implantation of a device that sends electrical impulses | | 61850 | 61863 | 61864 | 61867 |
| | | 61868 | 61885 | 61886 | 63650 |
| | | 63655 | 63685 | 64555 | 64568 |
| | | 64590 | L8682 | L8683 | |
| Therapeutic radiology services | Prior authorization required | Intensity-modulated radiation therapy (IMRT) | | | |
| Plan exclusions: | | 77385 | 77386 | G6015 | G6016 |
| None | | Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT) | | | |
| | | 77371 | 77372 | 77373 | G0339 |
| | | G0340 | | | |
| Transplant of tissue or organs | Prior authorization required | For transplant and CAR T-cell therapy services, including Abecma® (Idecaptogene Cicleucel), Breyanzi® Carvykti™ (Ciltacabtagene Autoleucel), Kymriah™ (tisagenlecleucel), Skysona® (elivaldogene autotemcel) Tecartus™ (brexucabtagene autoleucel), Yescarta™ (axicabtagene ciloleucel) and Zynteglo® (betibeglogene autotemcel) please call the Optum Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card. | | | |
| Plan exclusions: | | Evaluation for transplant | | | |
| None | | 99205 | | | |
| Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation | | Bone marrow harvest | | | |
| Request for transplant or transplant-related services prior to pre-treatment or evaluation | | 38240 | 38241 | 38242 | |
| | | Heart/lung | | | |
| | | 33930 | 33935 | | |
| | | Heart | | | |
| | | 33940 | 33944 | 33945 | |
| | | Lung | | | |
| | | 32850 | 32851 | 32852 | 32853 |
| | | 32854 | 32856 | S2060 | S2061 |
| | | Kidney | | | |
| | | 50300 | 50320 | 50323 | 50340 |
| | | 50360 | 50365 | 50370 | 50547 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|---|--------|--------|-------|
| Transplant of tissue or organs (continued) | | 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 | |
| | | CAR T-cell Therapy | | | |
| | | 0537T | 0538T | 0539T | 0540T |
| | | Q2041 | Q2042 | Q2053 | Q2054 |
| | | Q2055 | Q2056 | | |
| | | *Code 38232 will only require prior authorization for an oncology diagnosis. | | | |
| | | Temporary and Unclassified | | | |
| | | C9399* | J3490* | J3590* | |
| | | *For unclassified code C9399, J3490 and J3590, notification/prior authorization is required for Skysona and Zynteglo | | | |
| Vein procedures | Prior authorization required | 37243 | 37799 | | |
| Plan exclusions: | | | | | |
| None | | | | | |
| Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities | | | | | |
| Ventricular assist devices (VAD) | | Please call the Optum VAD Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card. | | | |
| Plan exclusions: | | | | | |
| None | | 33927 | 33928 | 33929 | 33975 |
| A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | | 33976 | 33979 | 33981 | 33982 |
| | | 33983 | | | |