

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

Effective October 1, 2025

## General information

This list contains prior authorization requirements for participating UnitedHealthcare Medicare Advantage health care professionals providing inpatient and outpatient services. This includes UnitedHealthcare Dual Complete® and other plans listed in the included plans section of this document. Health plans not included in the requirements are listed in the excluded plans section. Please submit your prior authorization requests in 1 of the following ways:

- Online: Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- Phone: Call 877-842-3210

Prior authorization is not required for emergency or urgent care.

Note: If you are a network health care professional who is contracted directly with a delegated medical group/Independent Practice Association (IPA), then you must follow the delegate's protocols. Delegates may use their own systems and forms. They must meet the same regulatory and accreditation requirements as UnitedHealthcare.

Plans with referral requirements: If a member's health plan ID card says, Referral Required, certain services may require a referral from the member's primary care provider. Prior authorization must also be obtained from the treating physician. See the [2025 UnitedHealthcare Care Provider Administrative Guide](#) for more information. The following table includes plans requiring prior authorization for network services.

Plans included
<b>Medicare plans subject to the UnitedHealthcare West Non-Capitated Supplement</b>
Medicare Advantage HMO, HMO-POS, PPO and Regional PPO plans, including AARP® Medicare Advantage, UnitedHealthcare The Villages Medicare Advantage, UnitedHealthcare Group Medicare Advantage, Peoples Health
UnitedHealthcare Dual Complete (HMO D-SNP), (HMO-POS D-SNP), (PPO D-SNP), (Regional PPO D-SNP)
UnitedHealthcare Complete Care (HMO C-SNP), (HMO-POS C-SNP), (PPO C-SNP), (Regional PPO C-SNP)



UnitedHealthcare Nursing Home Plan and UnitedHealthcare Care Advantage (HMO I-SNP), (HMO-POS I-SNP), (PPO I-SNP)

Erickson Advantage: Prior authorization is required on the following select set of services:

1. DME with expense greater than \$1,000
2. All out of network services when member requests coverage at in-network rates
3. Elective inpatient hospitalizations
4. Outpatient physical, speech and occupational therapy to members residing in long-term care facilities
5. Admission to non-Erickson home health care
6. Admission to a non-Erickson skilled nursing facility
7. Routine transportation
8. Experimental and investigational services
9. Potential cosmetic services
10. Transplants

UnitedHealthcare Dual Eligible Special Needs Plans (D-SNP) and Medicare Advantage benefit plans offered by UnitedHealthcare Community Plan are subject to an additional manual, as further described in the benefit plan section of the [2025 UnitedHealthcare Care Provider Administrative Guide](#). As explained in the benefit plan section, some UnitedHealthcare D-SNP and Medicare Advantage benefit plans offered by UnitedHealthcare Community Plan are not subject to an additional manual and are therefore subject to the administrative guide.

**In some instances, we have delegated prior authorization services to a care provider group. In these cases, the For Providers section on the back of the member's ID card will list the delegated group managing the prior authorization process. These following plans are included.**

## Delegated plans

### Arizona

The following groups are delegated to Banner Health Network:

HCFAD7-661, HCFAD7-662, HCFA0D-60V, HCFA0F-60X

### Arizona – OptumCare

The following groups are delegated to OptumCare:

90108, 90397, 90398, 90399, 90400, 90451, 90452, 90653, 90654, 90765, 90766, 90809, 90810, 90811, 90812, 90823, 90824, 90825, 90826, 90919, 90920, 90921, 90922, 90924, 90927, 90974, 90990, 91033, HCFA0B-60T, HCFA0C-60U, HCFA0D-60V, HCFA0E-60W, HCFA0F-60X, HCFAC9-660, HCFAD7-661, HCFAD7-662, HCFAH4-66S

### Colorado

The following groups are delegated to OptumCare:

Groups 90091, 90092, 90093, 90094, 90095, 90096, 90225, 90227, 90229, 90231, 90233, 90235, 90237, 90239, 90241, 90243, 90245, 90247, 90249, 90251, 90621, 90627, 90841, 90843, 90845, 90847, 90849, 90850, 90851, 90852, 90853, 90854, 90855, 90856, 90977, 90979, 90981, 90983

**Colorado:** The following groups are delegated to PHP Prime: Groups 90224, 90226, 90228, 90230, 90232, 90234, 90236, 90238, 90240, 90242, 90244, 90246, 90248, 90250, 90628

## **Connecticut**

The following groups are delegated to Advantage Plus Network (OptumCare):

27062, 27064, 27100, 27150, 27151, 27153, 27155, 27156, 90150, 90151, 90464, 90465, 90969, 90970

## **Florida – The following groups are delegated to Florida-Preferred Care-WellMed:**

Groups 99790, 99791, 99795, 99797, 98151, 98152, 90215

## **Florida – The following groups are delegated to WellMed:**

40199, 70341, 70342, 70343, 70344, 70345, 70346, 70347, 70348, 72790, 72811, 80192, 80193, 80194, 82940, 82958, 82960, 82962, 82969, 82970, 82977, 82978, 82980, 90028, 90078, 90079, 90086, 90349, 90350, 90351, 90352, 90359, 90360, 90403, 95115, 95116, 95117, 95118

## **Georgia**

The following groups are delegated to OptumCare:

90372, 90373, 90374, 90375, 90458, 90467, 90753, 90756, 90757, 90951, 90952, 92109, 92111, 92113

## **Hawaii**

The following groups are delegated to MDX:

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

## **Idaho**

The following groups are delegated to OptumCare:

38014, 44016, 90219, 90220, 90221, 90222, 90305, 90431, 90432, 90433, 90798, 90799, 90800, 90813, 90835, 90836, 90857, 90858, 90859, 90860, 90911, 90912, 90913, 92127, 92128

## **Indiana**

The following groups are delegated to OptumCare:

00744, 00746, 00748, 00749, 00750, 00758, 90468, 90469, 90470, 90471, 90472, 90473, 90782, 90783, 90784, 90785, 90801, 90814, 90815, 90822, 90829, 90830, 90831, 90876, 90877, 90878, 90879, 90880, 90881

## **Kansas**

The following groups are delegated to OptumCare:

Groups 90088, 90167, 90326, 90328, 90493, 90805, 90806, 90874, 90875, 90955, 90967

## **Kentucky**

The following groups are delegated to OptumCare:

90002, 90044, 90047, 90076, 90077, 90137, 90141, 90485, 90488, 90492, 90929, 90935, 90936, 90937, 90942, 90956, 90959

## **Missouri**

The following groups are delegated to OptumCare:

90152, 90168, 90327, 90329, 90474, 90494, 90495, 90634, 90807, 90808, 90918, 90933, 90960, 90961, 90968, 90971, 90972, 90973, 90988, 90989, 99932, 99936

## **Nevada**

The following groups are delegated to OptumCare:

90008, 90009, 90027, 90202, 90205, 90207, 90209, 90210, 90212, 90214, 90253, 90255, 90264, 90265, 90266, 90267, 90269, 90499, 90752, 90953, 91629, 91630, 91633, 91643, 91646, 92011, 92012, 92013

## **New Jersey**

The following groups are delegated to OptumCare:

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

## **New Mexico**

The following groups are delegated to OptumCare:

38011, 38013, 90132, 90270, 90271, 90710, 90762, 90763, 90828, 90832, 90833, 90834, 90837, 90838, 90839, 90840, 90975, 90976

## **New Mexico**

The following groups are delegated to WellMed:

90280, 90282, 90284, 90786, 90789, 90861, 90862, 90865

## **New York**

The following groups are delegated to OptumCare:

09000, 09001, 09117, 09118, 41034, 90144, 90145, 90146, 90147, 90181, 90182, 90183, 90184, 90185, 90186, 90187, 90188, 90316, 90322, 90323, 90324, 90475, 90476, 90477, 90478, 90479, 90480, 90483, 90484, 90886, 90887, 90888, 90889

## **Ohio**

The following groups are delegated to OptumCare:

90001, 90043, 90045, 90046, 90048, 90049, 90138, 90486, 90487, 90489, 90490, 90491, 90496, 90895, 90925, 90926, 90928, 90930, 90931, 90932, 90934, 90938, 90939, 90940, 90941, 90943, 90944, 90945, 90946, 90948, 90957, 90958, 90962, 90963, 90964, 90965, 90966

**Oregon:** The following groups are delegated to OptumCare: Groups 90287, 90288, 90290, 90291, 90293, 90294, 90304, 90796, 90816, 90817, 90818, 90819, 90820, 90821, 90906, 90907, 90909, 90910, 92116, 92117, 90797

## **South Carolina**

The following groups are delegated to OptumCare:

90380, 90381, 90388, 90457, 90459, 90466, 90764, 90868, 90869, 90870, 90873, 90954, 90985, 90986, 90987

**Tennessee:** The following groups are delegated to OptumCare: Groups 90382, 90383, 90384, 90385, 90386, 90387, 90445, 90446, 90447, 90448, 90639, 90640, 90641, 90642, 90643

## **Texas – The following groups are delegated to HealthTexas Medical Group:**

The following groups apply:

90258, 90713, 90715, 90719, 90721, 90730, 90770, 91635, 91637, 91640, 92124, 92142, TX99TXDSNPP9, TX99TXDSNPF9

## Texas – WellMed

The following groups apply:

00012, 00300, 00303, 00304, 00305, 00306, 00307, 00308, 00309, 00310, 17064, 72806, 72807, 72814, 72815, 77018, 77019, 90029, 90031, 90032, 90110, 90111, 90112, 90114, 90115, 90116, 90117, 90118, 90119, 90120, 90121, 90122, 90123, 90129, 90130, 90131, 90164, 90165, 90166, 90312, 90313, 90314, 90315, 90711, 90712, 90714, 90716, 90717, 90718, 90720, 90722, 90723, 90724, 90725, 90726, 90727, 90728, 90729, 90731, 90732, 90733, 90734, 90735, 90736, 90737, 90767, 90768, 90769, 90771, 90772, 90773, 90774, 90775, 90776, 90777, 90778, 90779, 90780, 90781, 90790, 90791, 90914, 90915, 90916, 90917, 91612, 91613, 91632, 91636, 91642, 91644, 96000, 99950, 99951, 99952, 99953, 99954, 99955, TX99TXDSNP5F, TX99TXDSNP5P, TX99TXDSNP5Q, TX99TXDSNPF1, TX99TXDSNPF2, TX99TXDSNPF3, TX99TXDSNPF8, TX99TXDSNPP1, TX99TXDSNPP2, TX99TXDSNPP3, TX99TXDSNPP8, TX99TXDSNPQ1, TX99TXDSNPQ2, TX99TXDSNPQ3, TX99TXSNH2FW, TX99TXSNH2PW, TX99TXSNH2QW, TX99TXSNPF6W, TX99TXSNPF8W, TX99TXSNPP6W, TX99TXSNPP8W, TX99TXSNPQ6D, TX99TXSNPQ8W

## Utah

The following groups are delegated to OptumCare:

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

## Virginia:

The following groups are delegated to OptumCare:

Groups 90648, 90649, 90650, 90651, 90652

## Washington – Independent Clinics of Washington

The following groups apply:

90363, 90364, 90365, 90366, 90367, 90368, 90371, 90377, 90379, 90390, 90413, 90424, 90892, 90896, 90903, 91648, 91653, 91657, 92120

## Washington – OptumCare

The following groups apply:

90361, 90362, 90369, 90370, 90376, 90378, 90389, 90391, 90393, 90409, 90410, 90415, 90416, 90423, 90427, 90532, 90533, 90534, 90535, 90536, 90537, 90633, 90738, 90739, 90740, 90741, 90742, 90743, 90744, 90745, 90746, 90747, 90748, 90749, 90750, 90751, 90866, 90890, 90891, 90894, 90898, 90899, 90900, 90901, 90902, 91647, 91650, 91651, 91652, 91655, 91656, 92118, 92119

## Washington – Seattle Medical Group

The following groups apply:

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

## Wisconsin

The following groups are delegated to OptumCare:

90439, 90453, 90455, 90508, 90509, 90510, 90511, 90512, 90513, 90514, 90515, 90516, 90517, 90518, 90519, 90520, 90521, 90522, 90523, 90524, 90525, 90526, 90527, 90528, 90529, 90530, 90617, 90618, 90619, 90620

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

## Excluded plans

The UnitedHealthcare prior authorization program does not apply to the following excluded benefit plans. However, these benefit plans may have separate notification or prior authorization requirements. For details, please see the [2025 UnitedHealthcare Care Provider Administrative Guide](#)

UnitedHealthcare Medicare Direct private fee-for-service (PFFS)

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Behavioral health services</b>  <b>Plan exclusions:</b> None Behavioral health services through a designated behavioral health network	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
<b>Bone growth stimulator</b>  <b>Plan exclusions:</b> None Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
<b>Breast reconstruction (non-mastectomy)</b>  <b>Plan exclusions:</b> None Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19325	L8600
		<b>Prior authorization is not required for the following diagnosis codes:</b>			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Z90.10    Z90.11    Z90.12    Z90.13 Z42.1
<b>Cancer supportive care</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent(s) administered in an outpatient setting for a cancer diagnosis	<b><u>Anti-emetics that require prior authorization:</u></b>  <b>Akynzeo™ (palonosetron/fosnetupitant)</b> J1454 <b>Cinvanti® (aprepitant)</b> J0185 <b>Emend® (fosaprepitant)</b> J1453 <b>Sustol® (granisetron extended release)</b> J1627
<b>Plan exclusions:</b> Institutional Special Needs Plans (I-SNP)	*Codes J1442, J1447, J9332, Q5108, Q5110, Q5111, Q5122 and Q5125 also require prior authorization for non-oncology diagnosis (Dx). See injectable medications section.	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>  <b>Filgrastim (Neupogen®)</b> J1442* <b>Filgrastim-aafi (Nivestym®)</b> Q5110* <b>Filgrastim-sndz (Zarxio®)</b> Q5101 <b>Pegfilgrastim (Neulasta®)</b> J2506 <b>Pegfilgrastim-apgf (Nyvepria®)</b> Q5122* <b>Pegfilgrastim-cbqv (Udenyca®)</b> Q5111* <b>Pegfilgrastim-jmdb (Fulphila®)</b> Q5108* <b>Sargramostim (Leukine®)</b> J2820 <b>Tbo-filgrastim (Granix®)</b> J1447* <b>Trilaciclib (Cosela™)</b> J1448 <b>Filgrastim-ayow (Releuko®)</b> Q5125*

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cancer supportive care (cont.)		<p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Prolia®, Xgeva®)</b></p> <p>J0897</p> <p><b><u>Antiemetic drugs</u></b></p> <p>J1456</p> <p><b><u>Colony-stimulating factors</u></b></p> <p>J1449</p> <p><b><u>Erythropoiesis-stimulating agents</u></b></p> <p>J0885</p> <p>For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to <b>UHCprovider.com</b> to sign in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>888-397-8129</b>.</p>
<b>Cardiology</b>  <b>Plan exclusions:</b> UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO-SNP), (HMO-POS HMO-SNP), (PPO-SNP)	<p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology (EP) implants and stress echocardiograms prior to performance</p> <p>For more information, please see the Cardiology Prior Authorization Protocol for Medicare Advantage section in the <b>2024</b></p>	<p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at <b>UHCprovider.com</b>. Then, select the Prior Authorization and Notification on your dashboard.</p> <p>Or, you can call <b>877-842-3210</b>.</p> <p>For more details and the list of CPT codes that require prior authorization, please visit <b>Cardiology Prior Authorization and Notification</b>.</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	UnitedHealthcare Care Provider Administrative Guide.	

## Cardiovascular

### Plan exclusions:

None

Prior authorization required

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

\*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
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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cartilage implants</b>	Prior authorization required	27415	27416		
<b>Plan exclusions:</b> None					
<b>Chemotherapy</b>	Notification required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require notification:</b> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code</li> </ul> <p>For notification, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and sign in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>888-397-8129</b>.</p>			
<b>Cochlear and other auditory implants</b>	Prior authorization required	69714 L8690	69930 L8691	L8614 L8692	L8619
<b>Plan exclusions:</b> None A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech					
<b>Continuous Glucose monitor</b>	Prior authorization required	A4238	A4239	E2102	E2103
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960 15822 15877 17107	11971 15823 15878 17108	15820 15830 15879 17999	15821 15847 17106 21172
<b>Plan exclusions:</b> None	Advance notification	21175 21182 21235	21179 21183 21248	21180 21184 21249	21181 21230 21255

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	required for services, whether scheduled as inpatient or outpatient	21256 21267 28344 30620 31298 67902 67908 67961	21260 21268 30540 31295 31299 67903 67909 67966	21261 21275 30545 31296 67900 67904 67912 Q2026	21263 21299 30560 31297 67901 67906 67950
Reconstructive procedures that treat a medical condition or improve or restore physiologic function					
<b>Durable medical equipment (DME)</b>	Some home health care services may qualify under the DME requirement but aren't subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see Home health care services.	Prior authorization required <b>regardless of billed amount:</b>			
		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
<b>Plan exclusions:</b> Institutional Special Needs Plans (I-SNP)		Prior authorization required only for a <b>retail purchase or cumulative rental cost of more than \$1,000:</b>			
	Some payer groups may have different DME advance notification requirements for plan members through their benefit plans.	E0170 E0302 E0329 E0618 E0640 E0740 E0784 E1002 E1006 E1010	E0194 E0304 E0373 E0635 E0692 E0761 E0984 E1003 E1007 E1017	E0277 E0316 E0483 E0636 E0693 E0764 E0986 E1004 E1008 E1035	E0300 E0328 E0616 E0639 E0694 E0770 E0988 E1005 E1009 E1036
	<b>For UnitedHealthcare Medicare Advantage plans:</b>	E1161 E1235 E1399	E1232 E1236 K0108	E1233 E1237 K0455	E1234 E1238 K0730

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	Power mobility devices/accessories and lymphedema pumps 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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>End-stage renal disease/dialysis services</b>  <b>Plan exclusions:</b> None Services for the treatment of end-stage renal disease (ESRD) require advance notification – includes outpatient dialysis services	<p>Advance notification is required if a plan member is referred to an out-of-network provider for dialysis services. The purpose of steering to an in-network dialysis center is to avoid high cost-shares for plan members, even when they may have out-of-network benefits.</p> <p>Advance notification/prior authorization isn't required for ESRD when a UnitedHealthcare Medicare Advantage plan member travels outside of the service area.</p> <p><b>Note:</b> Your agreement with us may include restrictions on referring plan members outside of the UnitedHealthcare network.</p>	Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at <b>UHCprovider.com</b> . After you sign in, select the Prior Authorization and Notification on your dashboard. Or, you can call <b>877-842-3210</b> .			
<b>Gender dysphoria treatment</b>  <b>Plan exclusions:</b> None	Prior authorization required	55970  <b>F64.0</b> <b>F64.9</b>	55980  <b>F64.1</b> <b>Z87.890</b>	<b>F64.2</b>	<b>F64.8</b>
These <b>surgical codes, when billed</b> with one of the following <b>Dx codes:</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment (cont.)		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
Home health care – Applicable to Tennessee D-SNP <u>only</u>	Prior authorization required	T1000			
Hysterectomy (abdominal and laparoscopic surgeries) – Inpatient and outpatient procedures	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Plan exclusions: None					
Hysterectomy (vaginal) – Inpatient only	No prior authorization required for outpatient vaginal hysterectomies	58260	58262	58263	58267
		58270	58290	58291	58292
		58294			
Plan exclusions: None					
Injectable medications	Prior authorization required*	Anemia			
		J0896 - Reblozyl			
Plan exclusions for therapeutic radiopharmaceuticals:		Alzheimers			
Institutional Special Needs Plans (I-SNP)		J0174 - Leqembi	J0175 – Kisunla		
		Asthma			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
<b>Injectable medications (cont.)</b>		<b>J2356 - Tezspire</b>	
		<b>Blood Modifying Agents</b>	
	J0223 - Givlaari	J1302	- Enjaymo
	J1299 - Soliris	J1303	- Ultomiris
	J1307 - PiaSky	Q5151 - Epysqli	
	Q5152 - Bkerv		
		<b>Botulinum Toxins</b>	
	J0585 - Botox	J0588 - Xeomin	
	J0586 - Dysport	J0589 - Daxxify	
	J0587 - Myobloc		
		<b>Cardiology</b>	
	J1306 - Leqvio		
		<b>Central Nervous System Agents</b>	
	J0222 - Onpattro	J2326 - Spinraza	J9334- Vyvgart Hytrulo
	J0225 - Amvuttra	J3032 - Vyepti	
	J1301 - Radicava	J9332 - Vyvgart	
	J1304-Qalsody	J9333-Rystiggo	
		<b>Endocrine</b>	
	J0224 - Oxlummo	J2507	- Krystexxa
	J0584 - Crysvita	J3241 - Tepezza	
		<b>Gene Therapy</b>	
	J1411 - Hemgenix	J3401-Vyjuvek	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
<b>Injectable medications (cont.)</b>		J3398 -	
	J1412 - Roctavian	Luxturna	
	J1413-Elevidys	J3399 - Zolgensma	
	J1414 - Beqvez	Q5136 - Jubbonti	
<b>Immune Globulins (IVIG, SCIG)</b>			
	90283	90284	J1459 J1551
	J1552	J1554	J1555 J1556
	J1557	J1558	J1559 J1561
	J1566	J1568	J1569 J1572
	J1575	J1576	J1599
<b>Immune Modulator</b>			
	J0491 - Saphnelo	J9381 - Tziel	
	J1823 - Uplizna	J9038 - Niktimvo	
<b>Inflammatory Conditions</b>			
	J0129 - Orencia	J2327 - Skyrizi	J1628 - Tremfya IV
	J1747 - Spevigo	J3247 - Cosentyx IV	
	J2267 - Omvoh	J3380 - Entyvio	
<b>Multiple Sclerosis</b>			
	J2329 - Briumvi	J2350 - Ocrevus	J2351 - Ocrevus Zunovo
<b>Ophthalmologic Agents</b>			
	J2781 - Syfovre	J2782-Izervay	
<b>Rare Conditions</b>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)		J1305 - Evkeeza		
		J2998 - Ryplazim		
		J7171-Adzynma		
		<b>Sickle Cell Disease</b>		
		J0791 - Adakveo		
		<b>Asthma</b>		
		J2786 - Cinqair	J2182 - Nucala	
		<b>Bone Density Agents</b>		
		J0897 - Prolia	J3111 - Evenity	
		<b>Hyaluronic Acid Polymers</b>		
		J7320 - Genvisc 850	J7324 - Orthovisc	J7331 - Synojoynt
		J7321 - Hyalgan/Supartz/Supartz FX/Visco-3	J7326 - Gel-One	J7332 - Triluron
		J7322 - Hymovis	J7327 - Monovisc	
		J7323 - Euflexxa	J7329 - TriVisc	
		<b>Infliximab</b>		
		J1745 – Remicade		
		<b>Intravenous Iron Replacement</b>		
		J1437 - Monoferic	J1439 - Injectafer	
		<b>Rituximab</b>		
		Q5123 - Riabni	J9311 - Rituxan Hycela	J9312 - Rituxan
	<b>Tocilizumab</b>			
	J3262 - Actemra			
	<b>Vascular Endothelial Growth Factor (VEGF) Inhibitors</b>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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J0177 - Eylea HD	J2777 - Vabysmo	Q5124 - Byooviz
J0178 - Eylea	J2778 - Lucentis	Q5128 - Cimerli
J0179 - Beovu	J2779 - Susvimo	Q5147 - Pavblu

### White Blood Cell Colony Stimulating Factors

J1442 - Neupogen	Q5108 - Fulphila	Q5127 - Stimufend
J1447 - Granix	Q5110 - Nivestym	Q5130 - Fylnetra
J1449 - Rolvedon	Q5120 - Ziextenzo	Q5148 - Nypozi
Q5122 - Nyvepria	Q5125 - Releuko	

**To submit a prior authorization, use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at [uhcprovider.com](https://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
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\* Rivfloza

Inpatient admission	Notification required	
<b>Inpatient admissions – Post-acute services</b>	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:	Home & Community Care (formerly naviHealth) manages prior authorization for in-scope membership. Phone: <b>855-851-1127</b> Fax: 844-244-9482
<b>Plan exclusions:</b> None	<ul style="list-style-type: none"> <li>Acute care hospitals</li> </ul>	*Peoples Health does not use Home & Community Care (formerly naviHealth). Enter authorization request using the UnitedHealthcare Provider Portal.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	<ul style="list-style-type: none"> <li>Acute inpatient rehabilitation</li> <li>Critical access hospitals</li> <li>Long-term acute care hospitals</li> <li>Skilled nursing facilities</li> </ul> <p><b>Note:</b> These plans are excluded from the skilled nursing facility prior authorization requirement: UnitedHealthcare® Nursing Home Plans</p>	<p>*AIP DSNP plans should not route to naviHealth and are serviced by the Optum PACM team</p> <p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at <b>UHCprovider.com</b>, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>877-842-3210</b>.</p>			
<b>Non-emergency air transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Plan exclusions:</b> None Non-urgent ambulance transportation by air between specified locations					
<b>Orthognathic surgery</b>	Prior authorization required	21120	21121	21122	21123
<b>Plan exclusions:</b> None Treatment of maxillofacial (jaw) functional impairment		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthopedic surgeries</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
<b>Plan exclusions:</b>		22210	22212	22214	22220
U.S. Virgin Island policies		22222	22224	22532	22533
67006, 67007,		22548	22551	22554	22556
67008, 24755, 25309,		22558	22590	22595	22600
23930, 97003, 97004,		22610	22612	22630	22633
97005, 97006, 97007,		22800	22802	22804	22808
97008		22810	22812	22818	22819
Spine and joint surgeries		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
		29834	29837	29838	29840
		29844	29845	29846	29847
		29866	29867	29868	29891
		29892	29894	29895	29897
		29898	29899	29914	29915
		29916	63001	63003	63005
		63011	63012	63015	63016
		63017	63020	63030	63040
		63042	63045	63046	63047
		63050	63051	63055	63056
		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
		63185	63190	63191	63197
		63200	0200T	0201T	
<p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at <b>UHCprovider.com</b>, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>877-842-3210</b>.</p>					

#### Out-of-network services

**Plan exclusions:** None  
A recommendation from a network physician or

Please note that your agreement with UnitedHealthcare may include restrictions

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
health care professional to a hospital, physician or other health care professional who's out-of-network	<p>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.</p> <p><b><u>Advance notification is required for Medicare Advantage plan members in the following circumstances:</u></b></p> <p>A network physician or health care professional directs a member to an out-of-network facility, physician or other health care professional and the member's benefit plan doesn't include benefits for out-of-network services.</p> <p>A network physician or health care professional directs a member</p>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Out-of-network services (cont.)</b>	<p>to an out-of-network facility, physician or other health care professional and the member's benefit plan includes benefits for out-of-network services – but there are no available in-network health care professionals for the type of specialty services needed.</p> <p>A network physician or health care professional requests in-network cost-sharing or benefit level because there aren't in-network health care professionals for the type of specialty services needed.</p>				
<b>Outpatient therapy (PT/OT/ST, chiropractic)</b>	Prior authorization is required for place of service 11-Office, 19-Off	<b>Physical, occupational and speech therapy (PT/OT/ST)</b>			
<b>Plan Exclusions:</b> UnitedHealthcare® Dual Complete plans, UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans,	Campus-Outpatient-Hospital, 22-On-Campus	92507	92508	92526	97012
	Office, 19-Off	97016	97018	97022	97024
	Campus-Outpatient-Hospital, 22-On-Campus	97026	97028	97032	97033
	Office, 19-Off	97034	97035	97036	97039
	Campus-Outpatient-Hospital, 22-On-Campus	97110	97112	97113	97116
	Office, 19-Off	97124	97139	97140	97150
	Campus-Outpatient-Hospital, 22-On-Campus	97164	97168	97530	97533
	Office, 19-Off	97535	97537	97542	97545
	Campus-Outpatient-Hospital, 22-On-Campus	97546	97750	97755	97760
	Office, 19-Off	97761	97799	G0283	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Erickson Advantage, Preferred Care Network and Preferred Care Partners of Florida, UHC West (Only in CA, and some benefit plans in AZ, please contact the number on member ID card for prior authorization instructions), Peoples Health Plan, Rocky Mountain Medicare Advantage plans, US Virgin Islands (9/1/24 – 12/31/25)	Surgical Center, 49-Independent Clinic, and 62-Comprehensive Outpatient Rehabilitation Facility. For services in the home, please refer to the Home Health Services category	<b>Chiropractic (only when below codes are billed with AT-modifier)</b>			
		98940	98941	98942	
<b>Pain management</b>	Prior authorization required	62350 62362	62351	62360	62361
<b>Plan exclusions:</b> None					
<b>Potentially unproven services (including experimental/investigational and/or linked services)</b>	Prior authorization required	28890 64722 95966	33289 64744 C2624	36514 66180	64405 95965
<b>Plan exclusions:</b> None	Services, including medications, determined not to be effective for treatment of a medical condition Services determined not to have a beneficial effect on health outcomes, due to: <ul style="list-style-type: none"> <li>Insufficient and inadequate clinical evidence from well-</li> </ul>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	conducted randomized controlled trials				
	Cohort studies in the prevailing published peer-reviewed medical literature				
Private duty nursing	Prior authorization is only required for procedure T1000 for the following group retiree plans only.	12268	12350	12394	12404
		12405	12406	12407	12408
		12413	12414	12415	12416
		12417	12418	12419	12422
		12423	12424	12427	12428
		12429	12430	12431	12433
		12434	12435	12436	12437
		12438	12440	12441	12442
		12443	12444	12445	12446
		12826	12834	12835	12840
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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		
<b>Prostate procedures</b>	Prior authorization required	52441	52442		
<b>Plan exclusions:</b> None					
<b>Radiation therapy</b>	Prior authorization required	<b>Image guided radiation therapy (IGRT)</b>			
		77014	77387	G6001	G6002
		G6017			
		<b>Proton beam therapy (PBT)</b>			
		77520	77522	77523	77525
		<b>Special/associated services</b>			
		77331	77370	77399	77470
		<b>Standard radiation therapy (2D/3D)</b>			
		77401	77402	77407	77412
		G6003	G6004	G6005	G6006
		G6007	G6008	G6009	G6010
		G6011	G6012	G6013	G6014
		Prior authorization set up in the claims BaseX system on the ICD-10 diagnosis codes listed below when a standard 2D/3D radiation therapy technique is requested/utilized.			
		Breast – ICD-10: C50.011-C50.929, D05.00-D05.92, C84.7A			
		Prostate – ICD-10: C61			
		Bone metastases – ICD-10: C79.51-C79.52			
		Lung cancer – ICD-10: C34.00-C34.92			
		<b>Y90 (Implantable beta-emitting microspheres for treatment of malignant tumors)</b>			
		79445			
		Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at <b>UHCprovider.com</b> , select the Prior Authorization and			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Notification tab on your dashboard. Or, you can call **877-842-3210**.

<b>Radiology</b>  <b>Plan exclusions:</b> UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO-SNP), (HMO-POS HMO-SNP), (PPO-SNP)	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>• Certain positron emission tomography (PET) scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul> For more information, please see the Outpatient Radiology Prior Authorization Protocol for Medicare Advantage section in the <b>2024 UnitedHealthcare Administrative Guide</b> .	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 <b>UHCprovider.com</b> , select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>877-842-3210</b> .  For more details and the CPT codes that require notification/prior authorization, please see <b>Radiology Prior Authorization and Notification</b> .
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<b>Rhinoplasty</b>  <b>Plan exclusions:</b> None Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685 42145	41512	41530	41599
<b>Plan exclusions:</b>					
None					
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Applies to inpatient or outpatient procedures and surgeries, including, but not limited to: palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty  Applies only for surgical sleep apnea procedures and not sleep studies				
<b>Spine surgery</b>	Prior authorization required	20930 22858	20931	20939	22854
<b>Plan exclusions:</b>					
None					
<b>Stimulators</b>	Prior authorization required		<b>Bone growth stimulator</b>		
<b>Plan exclusions:</b>		E0747	E0748	E0749	E0760
None					
Implantation of a device that sends electrical impulses		<b>Neurostimulator</b> 61850 61868 63655 64590	61863 61885 63685 L8682	61864 61886 64555 L8683	61867 63650 64568
Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at <b>UHCprovider.com</b> , select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>877-842-3210</b> .					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Therapeutic radiology services</b>	Prior authorization required	<b>Intensity-modulated radiation therapy (IMRT)</b>			
		77385	77386	G6015	G6016
<b>Plan exclusions:</b>		<b>Stereotactic radiosurgery and stereotactic body radiation therapy (SRS/SBRT)</b>			
None		77371	77372	77373	G0339
		G0340			
<b>Transplant of tissue or organs</b>	Prior authorization required	For cellular and gene therapy services, including Abecma®(idecaptogene icleucel),Amtagvi (lifiluecel), Aucatzyl, Breyanzi®(lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Casgevy™ (exagamlogene autotemcel) Kymriah™ (tisagenlecleucel), Lantidra™ (donislecel), Lenmeldy™ (atidarsagene autotemcel),Lyfgenia™ (lovotibeglogene autotemcel), Ryoncil, Skysona® (elivaldogene autoemcel), Tecartus™ (brexucabtagene autoleucel), Tecelra, Yescarta™ (axicabtagene ciloleucel) and Zynteglo™(betibeglogene autotemcel) please call <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card			
<b>Plan exclusions:</b>		<b>Cellular and gene therapy</b>			
None		J3391	J3392	J3393	J3394
Organ or tissue transplant or transplant-related		J3402	Q2041	Q2042	Q2053
services prior to pre-treatment or evaluation		Q2054	Q2056	Q2057	Q2058
Request for transplant or transplant-related services prior to pre-treatment or evaluation		<b>Evaluation for transplant</b>			
		99205			
		<b>Bone marrow harvest</b>			
		38240	38241	38242	
		<b>Heart/lung</b>			
		33930	33935		
		<b>Heart</b>			
		33940	33944	33945	
		<b>Lung</b>			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		<b>Kidney</b>			
		50300	50320	50323	50340
		50360	50365	50370	50547

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		<b>Pancreas</b>			
		48551	48552	48554	
		<b>Liver</b>			
		47135	47143	47147	
		<b>Intestine</b>			
		44132	44133	44135	44136
		<b>Services related to transplants</b>			
		32855	33933	38208	38209
		38210	38212	38213	38214
		38215	38232*	44137	44715
		44720	44721	47133	47140
		47141	47142	47144	47145
		47146	50325	S2152	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		<b>Temporary and unclassified</b>			
		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 <b>UHCprovider.com</b> , select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>877-842-3210</b> .			

**Vein procedures**      Prior authorization required

**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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Ventricular assist devices (VAD)</b>		Please call the Optum VAD Case Management team at 888-936-7246. Or, you can call the notification number on the back of the member's health plan ID card.			
<b>Plan exclusions:</b>		33927	33928	33929	33975
None		33976	33979	33981	33982
		33983			
		*For Peoples Health, enter prior authorization request including CPT codes listed above, using the UnitedHealthcare Provider Portal.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		Use the Prior Authorization and Notification tool on the portal. After you sign in at <b>UHCprovider.com</b> , select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>877-842-3210</b> .			