

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

Effective November 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
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 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

Viginia:

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			
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
		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
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent(s) administered in an outpatient setting for a cancer diagnosis	<u>Anti-emetics that require prior authorization:</u> Akynzeo™ (palonosetron/fosnetupitant) J1454 Cinvanti® (aprepitant) J0185 Emend® (fosaprepitant) J1453 Sustol® (granisetron extended release) J1627
Plan exclusions: 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.	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym®) Q5110* Filgrastim-sndz (Zarxio®) Q5101 Pegfilgrastim (Neulasta®) J2506 Pegfilgrastim-apgf (Nyvepria®) Q5122* Pegfilgrastim-cbqv (Udenyca®) Q5111* Pegfilgrastim-jmdb (Fulphila®) Q5108* Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447* Trilaciclib (Cosela™) J1448 Filgrastim-ayow (Releuko®) Q5125*

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	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			
Cardiovascular (cont.)		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			
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: - Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642) - Chemotherapy injectable drugs that have a Q code - Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code For notification, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129.			
Cochlear and other auditory implants	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					
Continuous Glucose monitor	Prior authorization required	A4238	A4239	E2102	E2103
Cosmetic and reconstructive procedures	Prior authorization required	11960 15822 15877 17107	11971 15823 15878 17108	15820 15830 15879 17999	15821 15847 17106 21172
Plan exclusions: 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					
Durable medical equipment (DME)	Some home health care services may qualify under the DME requirement but aren't subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see Home health care services.	Prior authorization required regardless of billed amount:			
		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
Plan exclusions: Institutional Special Needs Plans (I-SNP)		Prior authorization required only for a retail purchase or cumulative rental cost of more than \$1,000:			
	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
	For UnitedHealthcare Medicare Advantage plans:	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			
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.	Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com . After you sign in, select the Prior Authorization and Notification on your dashboard. Or, you can call 877-842-3210 .			
Gender dysphoria treatment Plan exclusions: None	Prior authorization required	55970 F64.0 F64.9	55980 F64.1 Z87.890	F64.2	F64.8

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 only	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 J0174 – Leqembi J0175 – Kisunla			
Institutional Special Needs Plans (I-SNP)		Asthma J2356 – Tezspire			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Blood Modifying Agents
		J0223 – Givlaari J1299 – Soliris J1302 – Enjaymo J1303 – Ultomiris J1307 – PiaSky Q5151 – Epysqli Q5152 – Bkemv
		Botulinum Toxins
		J0585 – Botox J0586 – Dysport J0587 – Myobloc J0588 – Xeomin J0589 – Daxxify
		Cardiology
		J1306 – Leqvio
		Central Nervous System Agents
		J0222 – Onpattro J0225 – Amvuttra J1301 – Radicava J1304 – Qalsody J2326 – Spinraza J3032 – Vyepti J9332 – Vyvgart J9333 – Rystiggo J9334 – Vyvgart Hytrulo
		Endocrine
		J0224 – Oxlumo J0584 – Crysvita J2507 – Krystexxa J3241 – Tepezza
		Gene Therapy
		J1411 – Hemgenix J1412 – Roctavian J1413 – Elevidys J1414 – Beqvez J3401 – Vyjuvek J3398 – Luxturna J3399 – Zolgensma J3403 – Encelto Q5136 – Jubbonti

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Immune Globulins (IVIG, SCIG)			
		90283	90284	J1459	J1551
		J1552	J1554	J1555	J1556
		J1557	J1558	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575	J1576	J1599	
		Immune Modulator			
		J0491 – Saphnelo			
		J1823 – Uplizna			
		J9381 – Tzield			
		J9038 – Niktimvo			
		Inflammatory Conditions			
		J0129 – Orencia			
		J1747 – Spevigo			
		J2267 – Omvoh			
		J2327 – Skyrizi			
		J3247 – Cosentyx IV			
		J3380 – Entyvio			
		J1628 – Tremfya IV			
		Multiple Sclerosis			
		J2329 – Briumvi			
		J2350 – Ocrevus			
		J2351 – Ocrevus Zunovo			
		Ophthalmologic Agents			
		J2781 – Syfovre			
		J2782 – Izervay			
		Rare Conditions			
		J1305 – Evkeeza			
		J2998 – Ryplazim			
		J7171 – Adzynma			
		Sickle Cell Disease			
		J0791 – Adakveo			
		Step Therapy			
		Asthma			
		J2182 – Nucala			
		J2786 – Cinqair			
		Bone Density Agents			
		J0897 – Prolia			
		J3111 – Evenity			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Hyaluronic Acid Polymers J7320 – Genvisc 850 J7321 – Hyalgan/Supartz/Supartz FX/Visco-3 J7322 – Hymovis J7323 – Euflexxa J7324 – Orthovisc J7326 – Gel-One J7327 – Monovisc J7329 – TriVisc J7331 – Synojoynt J7332 – Triluron Infliximab J1745 – Remicade Intravenous Iron Replacement J1437 – Monoferic J1439 – Injectafer Rituximab J9311 – Rituxan Hycela J9312 – Rituxan Q5123 – Riabni Tocilizumab J3262 – Actemra Therapeutic Radiopharmaceuticals A9513 A9590 A9606 A9607 A9699 Vascular Endothelial Growth Factor (VEGF) J0177 – Eylea HD J0178 – Eylea J0179 – Beovu J2777 – Vabysmo J2778 – Lucentis J2779 – Susvimo Q5124 – Byooviz Q5128 – Cimerli Q5147 – Pavblu White Blood Cell Colony Stimulating Factors J1442 – Neupogen J1447 – Granix J1449 – Rolvedon Q5108 – Fulphila Q5110 – Nivestym

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Q5120 – Ziextenzo Q5122 – Nyvepria Q5125 – Releuko Q5127 – Stimufend Q5130 – Fylnetra Q5148 - Nypozi To submit a prior authorization, use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at uhcprovider.com. After you sign in, select the Prior Authorization link. From the “Create a new authorization submission” section, select Specialty Pharmacy from the dropdown menu. Or, you can call 888-397-8129			
		Unclassified and temporary codes*			
		J3490	J3590	C9399	C9305
		* Rivfloza			

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: • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities	Home & Community Care (formerly naviHealth) manages prior authorization for in-scope membership. Phone: 855-851-1127 Fax: 844-244-9482 *Peoples Health does not use Home & Community Care (formerly naviHealth). Enter authorization request using the UnitedHealthcare Provider Portal. *AIP DSNP plans should not route to naviHealth and are serviced by the Optum PACM team Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com , select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210 .

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Note: These plans are excluded from the skilled nursing facility prior authorization requirement: UnitedHealthcare® Nursing Home Plans				
Non-emergency air transport	Prior authorization required	A0430	A0431	A0435	A0436
Plan exclusions: None Non-urgent ambulance transportation by air between specified locations					
Orthognathic surgery	Prior authorization required	21120	21121	21122	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247		
Orthopedic surgeries	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22222	22224	22532	22533
		22548	22551	22554	22556
		22558	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22867
		22869	22899	23470	23472
		24360	24361	24362	24363
		24365	25441	25442	25444

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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	J7330
Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.					

Out-of-network services

Plan exclusions: None

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

Please note that your agreement with UnitedHealthcare may include restrictions directing plan members outside of the UnitedHealthcare network. Plan members who use out-of-network physicians, health care professionals or facilities may have increased out-of-pocket

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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expenses or no coverage.

Advance notification is required for Medicare Advantage plan members in the following circumstances:

A network physician or health care professional directs a member to an out-of-network facility, physician or other health care professional and the member's benefit plan doesn't include benefits for out-of-network services.

A network physician or health care professional directs a member to an out-of-network facility, physician or other health care professional and the member's benefit plan includes benefits for out-of-network services – but there are no available in-network health

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Out-of-network services (cont.)	care professionals for the type of specialty services needed. A network physician or health care professional requests in-network cost-sharing or benefit level because there aren't in-network health care professionals for the type of specialty services needed.				
Outpatient therapy (PT/OT/ST, chiropractic)	Prior authorization is required for place of service 11-Office, 19-Off	Physical, occupational and speech therapy (PT/OT/ST)			
Plan Exclusions: UnitedHealthcare® Dual Complete plans, UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans, 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	Campus-	92507	92508	92526	97012
	Outpatient-	97016	97018	97022	97024
	Hospital, 22-On-	97026	97028	97032	97033
	Campus	97034	97035	97036	97039
	Outpatient	97110	97112	97113	97116
	Hospital, 24-	97124	97139	97140	97150
	Ambulatory	97164	97168	97530	97533
	Surgical Center, 49-Independent Clinic, and 62-	97535	97537	97542	97545
	Comprehensive Outpatient Rehabilitation Facility. For services in the home, please refer to the Home Health Services category	97546	97750	97755	97760
		97761	97799	G0283	
		Chiropractic (only when below codes are billed with AT-modifier)			
		98940	98941	98942	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Mountain Medicare Advantage plans, US Virgin Islands (9/1/24 – 12/31/25)					
Pain management	Prior authorization required	62350 62362	62351	62360	62361
Plan exclusions:					
None					
Potentially unproven services (including experimental/investigational and/or linked services)	Prior authorization required	28890 64722 95966	33289 64744 C2624	36514 66180	64405 95965
Plan exclusions:	Services, including medications, determined not to be effective for treatment of a medical condition				
None	Services determined not to have a beneficial effect on health outcomes, due to: Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials Cohort studies in the prevailing published peer-reviewed medical literature				

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Prostate procedures	Prior authorization required	52441	52442		
Plan exclusions: None					
Radiation therapy	Prior authorization required	Image guided radiation therapy (IGRT)			
		77014	77387	G6001	G6002
		G6017			
		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 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			
		Y90 (Implantable beta-emitting microspheres for treatment of malignant tumors)			
		79445			
		Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com , select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210 .			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiology Plan exclusions: UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO-SNP), (HMO-POS HMO-SNP), (PPO-SNP)	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: - Certain positron emission tomography (PET) scans - Nuclear medicine and nuclear cardiology procedures For more information, please see the Outpatient Radiology Prior Authorization Protocol for Medicare Advantage section in the 2024 UnitedHealthcare Administrative Guide.	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure. Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com , select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210 . For more details and the CPT codes that require notification/prior authorization, please see Radiology Prior Authorization and Notification.			
Rhinoplasty Plan exclusions: None Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sleep apnea procedures and surgeries Plan exclusions:	Prior authorization required	21685 42145	41512	41530	41599

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
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					
Spine surgery	Prior authorization required	20930 22858	20931	20939	22854	
Plan exclusions:						
None						
Stimulators	Prior authorization required		Bone growth stimulator			
		E0747	E0748	E0749	E0760	
Plan exclusions:		Neurostimulator				
		61850	61863	61864	61867	
None		61868	61885	61886	63650	
Implantation of a device that sends electrical impulses		63655	63685	64555	64568	
		64590	L8682	L8683		
		Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. After you sign in at UHCprovider.com , select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210 .				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Therapeutic radiology services	Prior authorization required	Intensity-modulated radiation therapy (IMRT)			
		77385	77386	G6015	G6016
Plan exclusions:		Stereotactic radiosurgery and stereotactic body radiation therapy (SRS/SBRT)			
None		77371	77372	77373	G0339
		G0340			
Transplant of tissue or organs	Prior authorization required	For cellular and gene therapy services, including Abecma®(idecabtagene 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 888-936-7246 or the notification number on the back of the member's health plan ID card			
Plan exclusions:		Cellular and gene therapy			
None		J3391	J3392	J3393	J3394
Organ or tissue transplant or transplant-related		J3402	Q2041	Q2042	Q2053
services prior to pre-treatment or evaluation		Q2054	Q2055	Q2056	Q2057
Request for transplant or transplant-related		Q2058			
services prior to pre-treatment or evaluation		Evaluation for transplant			
		99205			
		Bone marrow harvest			
		38240	38241	38242	
		Heart/lung			
		33930	33935		
		Heart			
		33940	33944	33945	
		Lung			
		32850	32851	32852	32853
		32854	32856	S2060	S2061
		Kidney			
		50300	50320	50323	50340
		50360	50365	50370	50547
		Pancreas			

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

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