

# UnitedHealthcare Medicare Advantage Prior Authorization Requirements

March 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](https://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](https://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<sup>®</sup> Medicare Advantage<sup>®</sup>, UnitedHealthcare<sup>®</sup> The Villages<sup>®</sup> Medicare Advantage<sup>®</sup>, UnitedHealthcare<sup>®</sup> Medicare Advantage<sup>®</sup> plans for both individual and employer group members, UnitedHealthcare Medicare Gold and Silver plans

UnitedHealthcare Dual Complete<sup>®</sup> (HMO D-SNP), (HMO-POS D-SNP), (PPO D-SNP), (Regional PPO D-SNP)

UnitedHealthcare<sup>®</sup> Chronic Complete (CSNP)

UnitedHealthcare<sup>®</sup> Nursing Home and UnitedHealthcare<sup>®</sup> 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<sup>®</sup> Plans

UnitedHealthcare Medicare Direct<sup>SM</sup> (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 <sup>®</sup> 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	11920 19318 19340 19361 19369 19396	11921 19325 19342 19364 19370 L8600	11922 19328 19350 19367 19371	19316 19330 19357 19368 19380
<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					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Breast reconstruction (non-mastectomy) (cont.)</b>		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			

**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, Q5108, Q5110, Q5111, and Q5122 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

**Sustol® (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-apgf (Nyvepria™)**

Q5122\*

**Pegfilgrastim-bmez (Ziextenzo®)**

Q5120

**Pegfilgrastim-cbqv (UDENYCA™)**

Q5111\*

**Pegfilgrastim-jmdb (Fulphila™)**

Q5108\*

**Sargramostim (Leukine®)**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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<b>Cancer Supportive Care (continued)</b>		J2820
		<b>Tbo-filgrastim (Granix®)</b>
		J1447*
		<b>Trilaciclib (Cosela™)</b>
		J1448
		<b><u>Bone-modifying agent that requires prior authorization:</u></b>
		<b>Denosumab (Prolia®, Xgeva®)</b>
		J0897
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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 <b>888-397-8129</b> .

<b>Cardiology</b> <b>Plan exclusions:</b> 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 prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b> .
	For more information, please see the Cardiology Prior Authorization Protocol for Medicare Advantage section in the Administrative Guide.	For more details and the CPT® codes that require prior authorization, please visit <b>UHCprovider.com/priorauth &gt; Cardiology</b> .

<b>Cardiovascular</b> <b>Plan exclusions:</b> None	Prior authorization required	<b>Cardiology</b>			
		E0616	33285	93653	93656
				<b>Vascular</b>	
		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 |

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Cardiovascular (continued)</b>		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
		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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Cardiovascular (continued)</b>		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		

<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>			
<b>Plan exclusions:</b> Institutional Special Needs Plans (ISNP)		<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 Healthcare Common Procedure Coding System (HCPCS) code</li> </ul>			

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			
<b>Cochlear and other auditory implants</b>	Prior authorization required	69714	69930	L8614	L8619
<b>Plan exclusions:</b>		L8690	L8691	L8692	
None A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech					
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960	11971	15820	15821
<b>Plan exclusions:</b>		15822	15823	15830	15847
None	Advance notification	15877	15878	15879	17106
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	required for services, whether scheduled as inpatient or outpatient	17107	17108	17999	21172
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21248	21249	21255
		21256	21260	21261	21263
		21267	21268	21275	21299
		21740	21742	21743	28344
		30540	30545	30560	30620
		31295	31296	31297	31298
		31299	67900	67901	67902
		67903	67904	67906	67908
		67909	67912	67950	67961
		67966	Q2026		
<b>Durable medical equipment (DME)</b>	Prosthetics are not DME for UnitedHealthcare	Prior authorization required <b>regardless of billed amount:</b>			
<b>Plan exclusions:</b>	Medicare Advantage plan	E0466	E0766	E1230	E1239
Institutional Special Needs Plans (ISNP)	members – see Prosthetics and Orthotics.	E2310	E2311	E2321	E2510
	Some home health care services	E2609	E2617	K0800	K0801
	may qualify under the DME requirement but aren't	K0802	K0806	K0808	K0812
	subject to the \$1,000 retail purchase or cumulative	K0813	K0814	K0815	K0816
	retail rental cost threshold	K0820	K0821	K0822	K0823
	– see Home health care	K0824	K0825	K0826	K0827
	services.	K0828	K0829	K0830	K0831
		K0835	K0836	K0837	K0838
	Some payer groups may	K0839	K0840	K0841	K0842
	have	K0843	K0848	K0849	K0850
	different DME advance	K0851	K0852	K0853	K0854
	notification requirements	K0855	K0856	K0857	K0858
	for plan members through	K0859	K0860	K0861	K0862
	their benefit plans.	K0863	K0864	K0869	K0870

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)	<b><u>For UnitedHealthcare Medicare Advantage plans:</u></b>	K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
	Power mobility	K0890	K0891	K0898	K0899
	devices/accessories and lymphedema pumps	<b>Prior authorization required only for a retail purchase or cumulative rental cost of more than \$1,000:</b>			
	require notification or prior authorization regardless of the cost.	E0170	E0193	E0194	E0246
		E0277	E0300	E0302	E0304
		E0316	E0328	E0329	E0350
		E0373	E0459	E0462	E0465
		E0483	E0603	E0616	E0617
		E0618	E0635	E0636	E0639
		E0640	E0692	E0693	E0694
		E0700	E0710	E0740	E0746
		E0761	E0764	E0770	E0782
		E0783	E0784	E0785	E0786
		E0830	E0970	E0983	E0984
		E0986	E0988	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1011
		E1017	E1018	E1020	E1029
		E1030	E1035	E1036	E1037
		E1050	E1070	E1084	E1085
		E1086	E1087	E1089	E1100
		E1110	E1161	E1170	E1171
		E1172	E1180	E1190	E1195
		E1200	E1222	E1224	E1227
		E1228	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1270	E1280
		E1295	E1296	E1297	E1298
		E1310	E1399	E1500	E1510
		E1520	E1530	E1540	E1550
		E1560	E1575	E1580	E1590
		E1592	E1594	E1600	E1615
		E1620	E1625	E1630	E1632
		E1634	E1635	E1636	E1637
		E1639	E1699	E1812	K0020
		K0037	K0039	K0044	K0046
		K0047	K0050	K0051	K0056
		K0065	K0072	K0073	K0098

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		K0105	K0108	K0455	K0609
		K0730	K0743	K0744	K0745
		K0746			

<p><b>End-stage renal disease/dialysis services</b></p> <p><b>Plan exclusions:</b></p> <p>None</p> <p>Services for the treatment of end-stage renal disease (ESRD) require advance notification – includes outpatient dialysis services</p>	<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>	<p>To enroll or refer a UnitedHealthcare Medicare Advantage plan member to the Optum Kidney Resource Service, please call <b>866-561-7518</b>.</p>			
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<p><b>Gender dysphoria treatment</b></p> <p><b>Plan exclusions:</b></p> <p>None</p>	Prior authorization required	55970	55980	<p>These <b>surgical codes, when billed</b> with one of the following <b>DX codes:</b></p>	
		<b>F64.0</b>	<b>F64.1</b>	<b>F64.2</b>	<b>F64.8</b>
		<b>F64.9</b>	<b>Z87.890</b>		
		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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J0584			
	<b>Enjaymo®</b>				
	J1302				
	<b>Entyvio™</b>				
	J3380				
	<b>Evkeeza™</b>				
	J1305				
	<b>Givlaari®</b>				
	J0223				
	<b>Immune Globulins (IVIG, SCIG)</b>				
	90283	90284	J1459	J1551	
	J1554	J1555	J1556	J1557	
	J1558	J1559	J1561	J1566	
	J1568	J1569	J1572	J1575	
	J1599				
	<b>Injectable Medications – Unclassified</b>				
	C9096	C9399	J3490	J3590	
	<b>Korsuva®</b>				
	J0879				
	<b>Krystexxa®</b>				
	J2507				
	<b>Leqvio®</b>				
	J1306				
	<b>Luxturna™</b>				
	J3398				
	<b>Nexviazyme®</b>				
	J0219				
	<b>Ocrevus™</b>				
	J2350				
	<b>Onpattro™</b>				
J0222					
<b>Orencia™</b>					
J0129					
<b>Oxlumo™</b>					
J0224					
<b>Prolia®</b>					
J0897					
<b>Radicava®</b>					
J1301					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<b>Reblozyl®</b>				
	J0896				
	<b>Releuko®</b>				
	Q5125				
	<b>Ryplazim®</b>				
	J2998				
	<b>Saphnelo™</b>				
	J0491				
	<b>Scenesse®</b>				
	J7352				
	<b>Skyrizi®</b>				
	J2327				
	<b>Soliris</b>				
	J1300				
	<b>Spinraza™</b>				
	J2326				
	<b>Tepezza®</b>				
	J3241				
	<b>Tezspire™</b>				
	J2356				
	<b>Therapeutic Radiopharmaceuticals*</b>				
	A9513	A9590	A9606	A9699	
	<b>Ultomiris™</b>				
J1303					
<b>Uplizna®</b>					
J1823					
<b>Vabysmo®</b>					
J2777					
<b>Vyvgart™</b>					
J9332					
<b>Zolgensma®</b>					
J3399					
<p>*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> 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 <b>888-397-8129</b>.</p>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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\*\* For unclassified and temporary codes C9399, J3490 and J3590 prior authorization is only required for Cimerli™, Fylnetra®, Rolvedon™, Stimufend®

**Injectable medications – Step therapy**      Prior authorization required

**Plan exclusions:**  
**Non-Employer Group Medicare Advantage**

- Private fee for service
- Erickson Advantage
- People’s Health in LA
- Medicare Advantage Plans in the state of California
- UnitedHealthcare Dual Complete plans in New Jersey Tennessee, Arizona
- UnitedHealthcare Connected Plans
- UnitedHealthcare Senior Care Options in Massachusetts

**Employer Group Medicare Advantage:**

- Employer Group HMO plans
- Select Employer Group PPO plans:
  - Navistar
  - Johnson & Johnson
  - Bristol-Myers Squibb
  - Verizon
- US Virgin Islands group # 97003, 97004, 97005, 97006, 97007, 97008

**Bone Density Agents**

J3111      J0897

**Colony-Stimulating Factors\*\***

J1442	J1447	Q5108	Q5110
Q5111	Q5122	Q5125	

**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		

\*\*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.

**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

naviHealth manages prior authorization for in-scope membership.

Phone: **855-851-1127**

Fax: 844-244-9482



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	<ul style="list-style-type: none"> <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:</p> <ul style="list-style-type: none"> <li>UnitedHealthcare® Nursing Home</li> </ul>				
<b>Non-emergency air transport</b> <b>Plan exclusions:</b> None Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> <b>Plan exclusions:</b> None Treatment of maxillofacial (jaw) functional impairment	Prior authorization required	21120 21125 21143 21150 21159 21194 21199 21240 21246	21121 21127 21145 21151 21160 21195 21206 21242 21247	21122 21141 21146 21154 21188 21196 21210 21244	21123 21142 21147 21155 21193 21198 21215 21245
<b>Orthotics</b> <b>Plan exclusions:</b> None	Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0112 L0200 L0464 L0482 L0623 L0632 L0700 L0830 L1001 L1310 L1680 L1720 L1844 L2005	L0140 L0220 L0466 L0484 L0624 L0634 L0710 L0859 L1005 L1499 L1685 L1730 L1904 L2010	L0150 L0452 L0468 L0486 L0629 L0636 L0810 L0999 L1200 L1630 L1700 L1755 L1920 L2020	L0170 L0462 L0480 L0622 L0631 L0638 L0820 L1000 L1300 L1640 L1710 L1834 L2000 L2030

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics (cont.)</b>		L2034	L2036	L2037	L2038
		L2040	L2050	L2060	L2070
		L2080	L2090	L2126	L2136
		L2232	L2320	L2387	L2520
		L2525	L2526	L2627	L2628
		L2800	L2861	L3160	L3201
		L3202	L3203	L3204	L3206
		L3207	L3208	L3209	L3211
		L3212	L3213	L3214	L3215
		L3250	L3251	L3252	L3253
		L3254	L3255	L3257	L3265
		L3320	L3485	L3649	L3674
		L3720	L3764	L3765	L3766
		L3891	L3900	L3901	L3904
		L3921	L3956	L3961	L3967
		L3971	L3973	L3975	L3976
		L3977	L3978	L4000	L4030
		L4040	L4045	L4050	L4055
		L4631			
<b>Orthopedic surgeries</b>	Prior authorization required	22100	22101	22102	22110
<b>Plan exclusions:</b>		22112	22114	22206	22207
US Virgin Island policies 67006,		22210	22212	22214	22220
67007, 67008, 24755, 25309,		22222	22224	22532	22533
23930, 97003, 97004, 97005,		22548	22551	22554	22556
97006, 97007, 97008		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	22864
		22865	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

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

**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

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.

**Advance notification is required for UnitedHealthcare 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 provider and the member's benefit plan doesn't include benefits for out-of-network services.

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	<p>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 because there aren't in-network care providers for the type of specialty services needed.</p>				
<b>Outpatient Therapy (PT/OT/ST, Chiropractic)</b>	<p>Prior authorization is required for contracted providers in AR, GA, NJ, and SC</p>	<b>Physical, Occupational and Speech Therapy</b>			
		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	
		<b>Chiropractic</b>			
		98940	98941	98942	
		<b>Optum providers:</b> For authorization in AR, GA, NJ, and SC, please submit requests online at <a href="http://www.optumhealthphysicalhealth.com">www.optumhealthphysicalhealth.com</a> or call <b>800-873-4575</b>			
		<b>UHC Providers:</b> For authorization in AR, GA, NJ, and SC, online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>866-416-6594</b>			
<b>Pain Management</b> <b>Plan exclusions:</b> None	Prior authorization required	62350	62351	62360	62361
		62362			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Potentially unproven services (including experimental/investigational and/or linked services)</b> <b>Plan exclusions:</b> None	Prior authorization required	28890	36514	64405	64722
	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-conducted randomized controlled trials</li> </ul> Cohort studies in the prevailing published peer-reviewed medical literature	64744	66180	95965	95966
<b>Private Duty Nursing</b>	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Private Duty Nursing (cont.)</b>		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	
	<b>Prostate procedures</b>	<ul style="list-style-type: none"> <li>Prior authorization required</li> </ul>	52441	52442	
<b>Plan exclusions:</b> None					
<b>Prosthetics</b>	Prior authorization required only for prosthetics with a retail purchase or a cumulative rental cost of more than \$1,000	L5010	L5020	L5050	L5060
<b>Plan exclusions:</b>		L5100	L5105	L5150	L5160
None		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5700
		L5701	L5702	L5703	L5707
		L5724	L5726	L5728	L5780
		L5781	L5782	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
L5848	L5856	L5857	L5858		
L5930	L5960	L5961	L5966		
L5968	L5973	L5979	L5980		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (continued)</b>		L5981	L5987	L5988	L5990
		L6000	L6010	L6020	L6026
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6380
		L6382	L6384	L6400	L6450
		L6500	L6550	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6624	L6638
		L6646	L6648	L6693	L6696
		L6697	L6707	L6709	L6712
		L6713	L6714	L6715	L6721
		L6722	L6880	L6881	L6882
		L6883	L6884	L6885	L6895
		L6900	L6905	L6910	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7499
		L8035	L8039	L8041	L8042
		L8043	L8044	L8049	L8499
		L8505	L8604	L8609	L8699
<b>Radiation Therapy</b>	Prior authorization required	<b>Image Guided Radiation Therapy (IGRT)</b>			
		77014	77387	G6001	G6002
		G6017			
		<b>Prostate Spacer</b>			
		55874			
		<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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																							
		<p>Prior authorization set-up in the claims system base x on the ICD10 diagnosis codes listed below when a Standard 2D/3D Radiation Therapy technique is requested/utilized.</p> <p>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</p>																							
		<p><b>Y90 (Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors)</b> 79445</p>																							
<p><b>Radiology</b>  <b>Plan exclusions:</b>  UnitedHealthcare® Nursing Home and UnitedHealthcare® Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP)</p>	<p>Prior authorization required for participating physicians who request these Advanced Outpatient Imaging Procedures:</p> <ul style="list-style-type: none"> <li>Certain PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul> <p>For more information, please see the Outpatient Radiology Prior Authorization Protocol for Medicare Advantage section in the Administrative Guide.</p>	<p>Care providers ordering an Advanced Outpatient Imaging Procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT® codes that require notification/prior authorization, please visit <b>UHCprovider.com/priorauth</b> &gt; Radiology.</p>																							
<p><b>Rhinoplasty</b>  <b>Plan exclusions:</b>  None  Treatment of nasal functional impairment and septal deviation</p>	<p>Prior authorization required</p>	<p>30400 30435 30465</p>	<p>30410 30450</p>	<p>30420 30460</p>	<p>30430 30462</p>																				
<p><b>Site of service (SOS) – Outpatient hospital</b>  <b>Plan exclusions:</b></p> <ul style="list-style-type: none"> <li>AK DSNP</li> <li>AR DSNP</li> <li>HI DSNP</li> <li>KY DSNP</li> <li>MA DSNP</li> <li>UT DSNP</li> <li>WI DSNP</li> </ul>	<p>Prior authorization is only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC)</p> <p>Prior authorization is not required for care providers in AK, AR, HI, KY, MA, UT, WI</p>	<p><b>Breast Lesion/Cyst/Tumor Removal</b> 19125</p> <p><b>Carpal Tunnel Surgery</b> 29848</p> <p><b>Colonoscopy and Biopsy</b></p> <table border="1"> <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> <p><b>Corneal Transplant</b> 65756</p>				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																							



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (continued)	<b>Cystoscopy</b>	52000	52001	52005	52007
		52204	52214		
	<b>Deviated Septum Repair</b>				
		30520			
	<b>Eye Surgery</b>				
		0191T	65855	66183	66982
		66984	67036	67040	67041
		67042	67108	67113	67145
		67210	67228	67917	
	<b>Fractured Arm</b>				
		23615	23630	24515	24516
		24665	24666	25545	25605
		25606	25607	25608	25609
	<b>Glaucoma Procedures</b>				
		65820	66170		
	<b>Hernia Repair</b>				
		49505	49521	49525	49550
		49553	49570	49572	49585
		49587	49650	49651	49652
		49653	49654	49655	49656
	<b>Knee Arthroscopy</b>				
		29870	29874	29875	29876
		29877	29879	29880	29881
		29888			
	<b>Other Bladder Surgeries</b>				
		51720	51728	51729	52287
		52300	52310	52315	52330
		52332	52341	52344	52351
		52354	52356	53445	
	<b>Other Female Genital Surgeries</b>				
	57240	57260	57288	58558	
<b>Other Foot/Toe Surgeries</b>					
	28120	28285	28288	28291	
	28296				
<b>Other Male Genital Surgeries</b>					
	55040				
<b>Other Nervous System Surgeries</b>					
	64718	64721			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – Outpatient hospital (continued)</b>		<b>Other Prostate Surgeries</b>			
		52630	55700		
		<b>Other Therapeutic Procedures of the Muscle/Tendon</b>			
		23430	26055	26123	
		<b>Other Urethra Surgeries</b>			
		52275	52276	52281	52282
		52285			
		<b>Pain Management</b>			
		62270	62321	62322	62323
		64418	64483	64490	64493
		64510	64633	64635	
		<b>Percutaneous Vertebral Augmentation</b>			
		22514			
		<b>Removal of Bladder Tumors</b>			
		52224	52234	52235	
		<b>Removal of Kidney Stones</b>			
		50590			
		<b>Shoulder Arthroscopy</b>			
		29823	29824	29827	29828
		<b>Skin Graft</b>			
		14040	14060	14301	15100
		15120	15220	15240	15260
		<b>Treatment/Removal of Bladder Stones</b>			
		52320	52325	52352	52353
		<b>Upper GI Endoscopy - Esophagus / Stomach / Small Intestine</b>			
		43235	43236	43237	43238
		43239	43240	43241	43242
		43245	43247	43248	43249
		43250	43251	43253	43254
		43255	43259		
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41512	41530	41599
<b>Plan exclusions:</b>		42145			
None	Applies to inpatient or outpatient procedures and surgeries, including, but not limited to:				
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty.				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	Applies only for surgical sleep apnea procedures and not sleep studies.				
<b>Spine Surgery</b>	Prior authorization required	20930	20931	20939	22854
<b>Plan exclusions:</b>		22858			
None					
<b>Stimulators</b>	Prior authorization required		<b>Bone Growth Stimulator</b>		
<b>Plan exclusions:</b>		E0747	E0748	E0749	E0760
None			<b>Neurostimulator</b>		
Implantation of a device that sends electrical impulses		61850	61863	61864	61867
		61868	61885	61886	63650
		63655	63685	64555	64568
		64590	L8682	L8683	
<b>Therapeutic radiology services</b>	Prior authorization required	<b>Intensity-modulated radiation therapy (IMRT)</b>			
<b>Plan exclusions:</b>		77385	77386	G6015	G6016
None		<b>Stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT)</b>			
		77371	77372	77373	G0339
		G0340			
<b>Transplant of tissue or organs</b>	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi®. Carvykti™ (Ciltacabtagene Autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the Optum Transplant Case Management Team at <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>Evaluation for transplant</b>			
None		99205			
Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation		<b>Bone marrow harvest</b>			
Request for transplant or transplant-related services prior to pre-treatment or evaluation		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

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

<b>Transplant of tissue or organs (continued)</b>		50360	50365	50370	50547
		<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	
		<b>CAR T-cell Therapy</b>			
	0537T	0538T	0539T	0540T	
	Q2041	Q2042	Q2053	Q2054	
	Q2055	Q2056			

\*Code 38232 will only require prior authorization for an oncology diagnosis.

<b>Vein procedures</b>	Prior authorization required	37243	37700	37718	37722
<b>Plan exclusions:</b>		37780	37799		
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					

<b>Ventricular assist devices (VAD)</b>	Please call the Optum VAD Case Management Team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.				
<b>Plan exclusions:</b>					
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			