

# UnitedHealthcare® Medicare Advantage/ Peoples Health Plans prior authorization requirements

Effective June 1, 2026

## General information

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

- **Online:** Use the Prior Authorization and Notification tool on [UnitedHealthcare Provider Portal](#). To get started, go to **UHCprovider.com** and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit [UHCprovider.com/access](#).
- **Phone:** Call **877-842-3210**
  - **Erickson Advantage:** For the services listed on the Erickson Advantage chart on pages 13-14, contact the Erickson MSR/prior authorization number on the back of the ID card.

Prior authorization is not required for emergency or urgent care.

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

Plans with referral requirements: If a member's health plan ID card says either Referral Required or Referral from Primary Care Required, certain services may require a referral from any network primary care provider for the member's plan. See **Chapter 6: Referrals** of the [2026 UnitedHealthcare Care Provider Administrative Guide](#) for more information. Prior authorization may still be required for the services outlined in this document.

The following table includes plans requiring prior authorization for network services.

### Plans included

Medicare Advantage HMO, HMO-POS, PPO and Regional PPO plans, including AARP® Medicare Advantage, UHC Medicare Advantage, Peoples Health, UnitedHealthcare Group Medicare Advantage

UHC Dual Complete (HMO D-SNP), (HMO-POS D-SNP), (PPO D-SNP), (Regional PPO D-SNP)

UHC Complete Care (HMO C-SNP), (HMO-POS C-SNP), (PPO C-SNP), (Regional PPO C-SNP)

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

Erickson Advantage (HMO-POS), (HMO-POS C-SNP), (HMO-POS I-SNP)

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

## Delegated plans

### Arizona

#### The following groups are delegated to Banner Health Network:

00328, 00333, 06535, 06538, 08968, 08971, 08974, 09574, 11470, 11473, 12087, 13026, 14622, 14625, 17533, 91037, 91040

### Arizona

#### The following groups are delegated to OptumCare:

00326, 00327, 00329, 00330, 00331, 00332, 00334, 00335, 00336, 00337, 00338, 00339, 00340, 00344, 00345, 06361, 06362, 06371, 06372, 06453, 06454, 06533, 06534, 06536, 06537, 08966, 08967, 08969, 08970, 08972, 08973, 09572, 09573, 11468, 11469, 11471, 11472, 12085, 12086, 13024, 13025, 14620, 14621, 14623, 14624, 17531, 17532, 90108, 90451, 90452, 90653, 90654, 90765, 90766, 90810, 90811, 90823, 90824, 90825, 90826, 90920, 90922, 90924, 90927, 90974, 90990, 91038, 91039, 91041, 91042, 96001

**California** – Submit requests to the medical provider group shown on the front of the member's ID card. To obtain the medical group's contact information:

1. Sign in to the [UnitedHealthcare Provider Portal](#)
2. Select **Eligibility**
3. Scroll to the **Plan Requirements** section and review **Prior Authorizations**

### Colorado

#### The following groups are delegated to OptumCare:

06327, 06380, 90225, 90227, 90229, 90231, 90233, 90235, 90237, 90239, 90241, 90243, 90245, 90247, 90249, 90251, 90627, 90843, 90853, 90979, 91032

### Colorado

#### The following groups are delegated to PHP Prime:

06326, 90224, 90226, 90228, 90230, 90232, 90234, 90236, 90238, 90240, 90242, 90244, 90246, 90248, 90250, 90628, 91031

### Connecticut

#### The following groups are delegated to Advantage Plus Network-CT:

27062, 27064, 27100, 27150, 27151, 27153, 27155, 27156

### Florida

#### The following groups are delegated to WELLMED MEDICAL MANAGEMENT:

40199, 70341, 70342, 70344, 70345, 70346, 70347, 70348, 72790, 72811, 80192, 80193, 80194, 82940, 82958, 90350, 90351, 90352, 90359, 90360, 90403, 95115, 95116, 95117, 95118, 98151, 98152, 99790, 99791, 99795, 99797

## Georgia

### The following groups are delegated to OptumCare:

06460, 06461, 90372, 90458, 90467, 90753, 90756, 90951, 92113

## Hawaii

### The following groups are delegated to MDX Hawaii, Inc:

06345, 90279, 90792, 90793, 90794, 90795, 90803, 90804

## Idaho

### The following groups are delegated to OptumCare:

06356, 06357, 06363, 38014, 44016, 90219, 90220, 90221, 90222, 90305, 90431, 90432, 90433, 90798, 90799, 90813, 90857, 90858, 90859, 90860, 90911, 90912, 90913, 92127, 92128

## Indiana

### The following groups are delegated to OptumCare:

00744, 00746, 00748, 00749, 00750, 06360, 06384, 90468, 90469, 90471, 90782, 90783, 90784, 90785, 90801, 90814, 90815, 90822, 90830, 90831, 90876, 90877, 90879, 90880, 90881

## Kansas

### The following groups are delegated to OptumCare:

06505, 06506, 06509, 90088, 90167, 90326, 90328, 90493, 90874, 90875, 90955, 90967

## Kentucky

### The following groups are delegated to OptumCare:

06455, 90002, 90044, 90047, 90076, 90077, 90137, 90141, 90488, 90492, 90929, 90935, 90936, 90937, 90942, 90956, 90959

## Missouri

### The following groups are delegated to OptumCare:

06370, 06507, 06508, 06510, 90152, 90168, 90327, 90329, 90474, 90494, 90495, 90634, 90918, 90933, 90960, 90961, 90968, 90971, 90972, 90973, 90988, 90989, 99932, 99936

## Nevada

### The following groups are delegated to Intermountain Health:

06351, 06352, 90011, 90204, 90206, 90211, 90213, 90254, 90256, 90644, 90645, 90646, 90647, 91631, 92138, 92140, 92213, 92215, 92217, 92229, 92231, 92235, 92242, 92246, 92248, 92253, 92256, 92283

## Nevada

### The following groups are delegated to OptumCare:

06349, 06350, 06353, 06354, 90008, 90009, 90027, 90202, 90205, 90207, 90209, 90210, 90212, 90214, 90253, 90255, 90264, 90265, 90266, 90267, 90269, 90499, 90752, 90953, 91629, 91630, 91633, 91643, 91646, 92011, 92012, 92013, 92139, 92141, 92214, 92216, 92218, 92228, 92230, 92232, 92236, 92243, 92247, 92249, 92255, 92262, 92263, 92264, 92268, 92269, 92270, 92271, 92272, 92275, 92276, 92277, 92280, 92281, 92284, 92285

## New Jersey

### The following groups are delegated to OptumCare:

06477, 09100, 09102, 09103, 90068, 90069, 90071, 90072, 90330, 92014, 92016

## **New Mexico**

### **The following groups are delegated to OptumCare:**

06348, 38011, 38013, 90132, 90270, 90271, 90710, 90762, 90763, 90828, 90832, 90833, 90834, 90837, 90839, 90840, 90975, 90976

## **New Mexico**

### **The following groups are delegated to WELLMED:**

90786, 90789, 90861, 90862, 90865, 90284

## **New York**

### **The following groups are delegated to OptumCare:**

06485, 06486, 06487, 09000, 09001, 09117, 09118, 41034, 90181, 90182, 90183, 90184, 90187, 90316, 90324, 90480, 90483, 90484

## **Ohio**

### **The following groups are delegated to OptumCare:**

06459, 90001, 90043, 90045, 90046, 90048, 90049, 90487, 90489, 90490, 90491, 90496, 90925, 90926, 90928, 90930, 90931, 90932, 90934, 90938, 90939, 90940, 90941, 90943, 90944, 90945, 90946, 90948, 90957, 90958, 90962, 90963, 90966

## **Oregon**

### **The following groups are delegated to OptumCare:**

90287, 90288, 90290, 90291, 90293, 90294, 90304, 90796, 90797, 90816, 90817, 90818, 90819, 90820, 90821, 90906, 90907, 90909, 90910, 92116, 92117, 92194

## **South Carolina**

### **The following groups are delegated to OptumCare:**

06342, 90457, 90459, 90466, 90764, 90873, 90985, 90986, 90987

## **Tennessee**

### **The following groups are delegated to OptumCare:**

90384, 90385, 90386, 90387, 90445, 90446, 90448, 90639, 90640, 90641, 90642

## **Texas**

### **The following groups are delegated to HealthTexas Medical Groups:**

06317, 90258, 90713, 90715, 90719, 90721, 90730, 90770, 91635, 91637, 91637, 91640, 92124, 92142, 92163, 92205, 92261, TX99TXDSNPF9, TX99TXDSNPP9

## Texas

### The following groups are delegated to WellMed:

00012, 00143, 00300, 00304, 00306, 00307, 00308, 00309, 00310, 06315, 06316, 06320, 06321, 06325, 06328, 06439, 06441, 06444, 06445, 06446, 06447, 06483, 06488, 72814, 72815, 77018, 77019, 90029, 90114, 90115, 90116, 90117, 90118, 90119, 90120, 90121, 90122, 90123, 90129, 90131, 90164, 90165, 90166, 90252, 90257, 90259, 90262, 90263, 90277, 90278, 90285, 90295, 90297, 90298, 90299, 90300, 90312, 90313, 90314, 90315, 90500, 90714, 90716, 90717, 90718, 90720, 90722, 90723, 90724, 90725, 90727, 90728, 90729, 90732, 90733, 90734, 90735, 90736, 90737, 90767, 90768, 90769, 90771, 90777, 90778, 90781, 90790, 90791, 90914, 90915, 90916, 90917, 91612, 91613, 91642, 92122, 92164, 92199, 92207, 96000, TX99TXDSNPF4, TX99TXDSNPF5, TX99TXDSNPP4, TX99TXDSNPP5, TX99TXSNH2FW, TX99TXSNH2PW, TX99TXSNH2QW, TX99TXSNPF2W, TX99TXSNPF6W, TX99TXSNPF8W, TX99TXSNPP2W, TX99TXSNPP6W, TX99TXSNPP7W, TX99TXSNPP8W, TX99TXSNPQ6D, TX99TXSNPQ7W, TX99TXSNPQ8W

## Utah

### The following groups are delegated to OptumCare:

06448, 42000, 42004, 42022, 42030, 90034, 90055, 90064, 90065, 90268, 90301, 90302, 90303, 91627, 91628, 92101, 92102

## Virginia

### The following groups are delegated to OptumCare:

90648, 90649, 90650, 90651

## Washington

### The following groups are delegated to Independent Clinics of Washington:

90363, 90364, 90365, 90366, 90367, 90368, 90371, 90377, 90379, 90390, 90413, 90424, 90892, 90896, 90903, 91653, 91657, 92120, 92208

## Washington

### The following groups are delegated to OptumCare:

06391, 06392, 90153, 90155, 90156, 90361, 90362, 90391, 90393, 90409, 90410, 90415, 90416, 90423, 90427, 90532, 90536, 90537, 90633, 90738, 90739, 90866, 90890, 90891, 90894, 90898, 90899, 90900, 90901, 90902, 91647, 91650, 91651, 91652, 91655, 91656, 92118, 92119, 92210

## Washington

### The following groups are delegated to Seattle Medical Group:

90411, 90425, 90893, 90897, 90904, 91649, 91654, 91658, 92143, 92209

## Wisconsin

### The following groups are delegated to OptumCare:

06458, 90439, 90453, 90455, 90508, 90509, 90513, 90514, 90515, 90520, 90521, 90522, 90523, 90524, 90525, 90526, 90527, 90529, 90530, 90618, 90619, 90620

## Excluded plans

The UnitedHealthcare prior authorization program does not apply to the following excluded benefit plans. However, these benefit plans may have separate notification or prior authorization requirements. For details, please see the [2026 UnitedHealthcare Care Provider Administrative Guide](#)

Preferred Care Network and Preferred Care Partners (Florida)

UHC MedicareDirect Private Fee-for-Service (PFFS)

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<p><b>Behavioral health services</b> Behavioral health services through a designated behavioral health network</p> <p><b>Plan exclusions:</b> Erickson Advantage</p>	<p>Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.</p>	<p>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.</p>			
<p><b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures</p> <p><b>Plan exclusions:</b> Erickson Advantage</p>	<p>Prior authorization required</p>				
<p><b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy</p> <p><b>Plan exclusions:</b> Erickson Advantage</p>	<p>Prior authorization required</p>	<p>19316</p>	<p>19318</p>	<p>19325</p>	<p>L8600</p>
		<p><b>Prior authorization is not required for the following diagnosis codes:</b></p>			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization																								
<b>Cancer supportive Care</b>  <b>Plan exclusions:</b> UHC Nursing Home Plan and UHC Care Advantage Plan (I-SNP) and Massachusetts DSNP (includes MA SCO OneCare)	For all plans including Erickson Advantage, prior authorization required for colony-stimulating factor drugs and bone-modifying agent(s) administered in an outpatient setting for a cancer diagnosis *Codes J0897, J1442, J1447, J9332, Q5108, Q5110, Q5111, Q5122 and Q5125 also require prior authorization for non-oncology diagnosis (DX). See injectable medications section	<table border="0"> <tr> <td>J0185</td> <td>J0897*</td> <td>J1442*</td> <td>J1447*</td> </tr> <tr> <td>J1453</td> <td>J1454</td> <td>J1627</td> <td>J1952</td> </tr> <tr> <td>J2506</td> <td>J2820</td> <td>J9021</td> <td>J9061</td> </tr> <tr> <td>J9272</td> <td>Q2055</td> <td>Q5101</td> <td>Q5108*</td> </tr> <tr> <td>Q5110*</td> <td>Q5120</td> <td>Q5122*</td> <td>Q5125*</td> </tr> <tr> <td>Q5136</td> <td>Q5157</td> <td>Q5157</td> <td>Q5159</td> </tr> </table> <p>Antiemetic Drugs J1434 J1456 J2468</p> <p>Colony Stimulating Factors J1449 Q5111 Q5148</p> <p>Erythropoiesis Stimulating Agents J0885</p> <p>For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to <a href="http://UHCprovider.com">UHCprovider.com</a> to sign in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>888-397-8129</b></p>	J0185	J0897*	J1442*	J1447*	J1453	J1454	J1627	J1952	J2506	J2820	J9021	J9061	J9272	Q2055	Q5101	Q5108*	Q5110*	Q5120	Q5122*	Q5125*	Q5136	Q5157	Q5157	Q5159
J0185	J0897*	J1442*	J1447*																							
J1453	J1454	J1627	J1952																							
J2506	J2820	J9021	J9061																							
J9272	Q2055	Q5101	Q5108*																							
Q5110*	Q5120	Q5122*	Q5125*																							
Q5136	Q5157	Q5157	Q5159																							
<b>Cardiology</b>  <b>Plan exclusions:</b> Erickson Advantage  UHC Nursing Home Plan and UHC Care Advantage Plan (I-SNP)	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology (EP) implants and stress echocardiograms prior to performance  For more information, please see the Cardiology	Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at <a href="http://UHCprovider.com">UHCprovider.com</a> . 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
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	Prior Authorization Protocol for Medicare Advantage section in the <a href="#">2026 UnitedHealthcare Care Provider Administrative Guide.</a>	
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Cardiovascular	Prior authorization required	Cardiology			
		33285	93653	93656	37254*
<b>Plan exclusions:</b>		37256*	37258*	37260*	37263*
Erickson Advantage		37265*	37267*	37269*	37271*
		37273*	37275*	37277*	37280*
		37282*	37284*	37286*	37288*
		37290*	37292*	37294*	37296*
		E0616			

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

E08.52	E09.52	E10.52	E11.52
E13.52	170.221	170.222	170.223
170.228	170.229	170.231	170.232
170.233	170.234	170.235	170.238
170.239	170.241	170.242	170.243
170.244	170.245	170.248	170.249
170.25	170.261	170.262	170.263
170.268	170.269	170.321	170.322
170.323	170.329	170.331	170.332
170.333	170.334	170.335	170.338
170.339	170.341	170.342	170.343
170.344	170.345	170.348	170.349
170.35	170.361	170.362	170.363
170.369	170.421	170.422	170.423
170.428	170.429	170.431	170.432
170.433	170.434	170.435	170.438
170.439	170.441	170.442	170.443
170.444	170.445	170.448	170.449
170.461	170.462	170.463	170.468
170.469	170.521	170.522	170.523
170.528	170.529	170.531	170.532
170.533	170.534	170.535	170.538
170.539	170.541	170.542	170.543
170.544	170.545	170.548	170.549

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		170.561	170.562	170.563	170.568
		170.569	170.621	170.622	170.623
		170.628	170.629	170.631	170.632
		170.633	170.634	170.635	170.638
		170.639	170.641	170.642	170.643
		170.644	170.645	170.648	170.649
		170.661	170.662	170.663	170.668
		170.669	170.721	170.722	170.723
		170.728	170.729	170.731	170.732
		170.733	170.734	170.735	170.738
		170.739	170.741	170.742	170.743
		170.744	170.745	170.748	170.749
		170.761	170.762	170.763	170.768
		170.769	172.3	172.4	172.8
		172.9	177.2	177.70	177.72
		177.77	177.79	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Q27.8 S35.512A T82.338A T82.898A I73.81	Q27.9 T82.312A T82.392A I73.00	Q87.2 T82.318A T82.398A I73.01	S35.511A T82.319A T82.399A I73.1
<b>Cartilage implants</b>  <b>Plan exclusions:</b> Erickson Advantage	Prior authorization required	27415	27416		
<b>Chemotherapy</b>  <b>Plan exclusions:</b> UHC Nursing Home Plan and UHC Care Advantage Plan (I-SNP) and Massachusetts DSNP (includes MA SCO OneCare)	For all plans including Erickson Advantage, notification required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require notification: <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code</li> </ul> <p>For notification, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to 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 <b>888-397-8129</b>.</p>			
<b>Cochlear and other auditory implants</b> A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech  <b>Plan exclusions:</b> Erickson Advantage	Prior authorization required	69714 L8690	69930 L8691	L8614 L8692	L8619

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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<b>Continuous Glucose monitor</b>	Prior authorization required	A4238	A4239	E2102	E2103
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**Plan exclusions:**  
Erickson Advantage

<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	15878	15879	17106
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Advance notification required for services, whether scheduled as inpatient or outpatient	17107	17108	17999	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21248	21249	21255
		21256	21260	21261	21263
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21267	21268	21275	21299
		28344	30540	30545	30560
		30620	31295	31296	31297
		31298	31299	67900	67901
<b>Plan exclusions:</b>		67902	67903	67904	67906
None		67908	67909	67912	67950
		67961	67966	Q2026	

For Erickson Advantage, contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes

<b>Durable medical equipment (DME)</b>	Some home health care services may qualify under the DME requirement but aren't subject to the \$1,000 retail purchase or cumulative retail rental cost threshold – see Home health care services.	Prior authorization required regardless of billed amount:			
		E0466	E0766	E1230	E1239
<b>Plan exclusions:</b>		E2510	K0801	K0806	K0808
UHC Nursing Home Plan (I-SNP)		K0831	K0835	K0836	K0837
		K0838	K0839	K0840	K0841
		K0842	K0843	K0848	K0849
		K0850	K0851	K0852	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0877	K0884
	For UnitedHealthcare Medicare Advantage plans:	K0890	K0891	K0898	K0899
	Power mobility devices/accessories and lymphedema pumps	Prior authorization required only for a retail purchase or cumulative rental cost of more than \$1,000:			
		E0170	E0194	E0277	E0300



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	require notification or prior authorization regardless of the cost.	E0302	E0304	E0316	E0328
		E0329	E0373	E0483	E0616
		E0618	E0635	E0636	E0639
		E0640	E0692	E0693	E0694
	The following Colorado	E0740	E0761	E0764	E0770
	and Arizona HMO/HMO-	E0784	E0984	E0986	E0988
	POS PBPs under CMS	E1002	E1003	E1004	E1005
	Contract H0609, have a	E1006	E1007	E1008	E1009
	preferred vendor	E1010	E1017	E1035	E1036
	relationship with	E1161	E1232	E1233	E1234
	Preferred Home Care, for	E1235	E1236	E1237	E1238
	select DME services,	E1399	K0108	K0455	K0730
	which may require				
	authorization if				
	performed by different				
	DME provider, other than				
	Preferred Home Care,				
	call 800-636-2123 for				
	more information				

**For Erickson Advantage**, contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.

**End-stage renal disease/dialysis services**  
 Services for the treatment of end-stage renal disease (ESRD) require advance notification – includes outpatient dialysis services

**Plan exclusions:**  
 Erickson Advantage

Advance notification is required if a plan member is referred to an out-of-network provider for dialysis services.

Advance notification/prior authorization isn't required for ESRD when a UnitedHealthcare Medicare Advantage plan member travels outside of the service area.

Note: Your agreement with us may include restrictions on referring plan members outside of the UnitedHealthcare network.

Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com. After you sign in, select the Prior Authorization and Notification on your dashboard. Or, you can call 877-842-3210.



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Erickson Advantage</b>	Prior authorization from Erickson required. Contact the MSR/prior authorization on the back of the ID card	For the following select set of services, prior authorization from Erickson is required: <ol style="list-style-type: none"> <li>1. DME with expense greater than \$1,000</li> <li>2. All out of network services when member requests coverage at in-network rates</li> <li>3. Inpatient hospitalizations</li> <li>4. Outpatient physical, speech and occupational therapy to members residing in long-term care facilities</li> <li>5. Admission to non-Erickson home health care</li> <li>6. Admission to a non-Erickson skilled nursing facility</li> <li>7. Experimental and investigational services</li> <li>8. Potential cosmetic services</li> <li>9. Transplants</li> </ol>

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Home Health care –</b> Applicable to Erickson Advantage only	Prior authorization required	<b>For Erickson Advantage</b> , contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.			
<b>Home health care –</b> <b>Applicable to Tennessee D-SNP only</b>	Prior authorization required	S9122	S9123	T1000	
<b>Hysterectomy (abdominal and Laparoscopic surgeries) – Inpatient and outpatient procedures</b>	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Plan exclusions:</b> Erickson Advantage					
<b>Hysterectomy (vaginal) – Inpatient only</b>	No prior authorization required for outpatient vaginal hysterectomies	58260	58262	58263	58267
		58270	58290	58291	58292
		58294			
<b>Plan exclusions:</b> Erickson Advantage					
<b>Injectable medications</b>	For all plans including Erickson Advantage, prior authorization required*	<b>Anemia</b> J0896 – Reblozyl			
<b>Plan exclusions for therapeutic radiopharmaceuticals:</b> UHC Nursing Home Plan and UHC Care Advantage Plan (I-SNP)		<b>Alzheimers</b> J0174 – Leqembi J0175 – Kisunla			
		<b>Asthma</b> J2786 – Cinqair J0517 – Fasentra J2182 – Nucala J2356 – Tezspire			
		<b>Bloody Modifying Agents</b> J0223 – Givlaari J1299 – Soliris J1302 – Enjaymo J1303 – Ultomiris J1307 – PiaSky J9332 – Vyvgart J9333 – Rystiggo J9334 – Vyvgart Hytrulo Q5151 – Epysqli			

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

Q5152 – Bkernv

**Bone Density Agents**

Q5158 – Connexence

J3111 – Evenity

J0897 – Prolia

Q5157 – Stoboclo

Q5136 – Jubbonti

**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

J9256 – Imaavy

**Endocrine**

J0224 – Oxlumo

J0584 – Crysvida

J2507 – Krystexxa

J3241 – Tepezza

**Gene Therapy**

J1411 – Hemgenix

J1412 – Roctavian

J1413 – Elevidys

J3392 – Beqvez

J3401 – Vyjuvek

J3398 – Luxturna

J3399 – Zolgensma

J3403 – Encelto

J3404 – Papzimeos

**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

**Immune Globulins (IVIG, SCIG)**

90283	90284	J1459	J1551
J1552	J1553	J1554	J1555
J1556	J1557	J1558	J1559
J1561	J1566	J1568	J1569
J1572	J1575	J1576	J1599

**Immune Modulator**

J0491 – Saphnelo  
 J9038 – Niktimvo  
 J1823 – Uplizna  
 J9381 – Tziel  
 J9301 – Gazyva

**Inflammatory Conditions**

J0129 – Orencia  
 J1628 – Tremfya IV  
 J1747 – Spevigo  
 J2267 – Omvoh  
 J2327 – Skyrizi  
 J3247 – Cosentyx IV  
 J3358 – Stelara  
 J3380 – Entyvio  
 Q5098 – Imuldosa  
 Q5099 – Steqeyma  
 Q5100 – Yesintek  
 Q5138 – Wezlana  
 Q5156 – Avtozma  
 Q9997 – Pyzchiva  
 Q9998 – Selarsdi  
 Q9999 – Otulfi

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

J1745 – Remicade

**Intravenous Iron Replacement**

J1437 – Monoferric

J1439 – Injectafer

**Multiple Sclerosis**

J2329 – Briumvi

J2350 – Ocrevus

J2351 – Ocrevus Zunovo

**Ophthalmologic Agents**

J2781 – Syfovre

J2782 – Izervay

**Rare Conditions**

J1305 – Evkeeza

J2998 – Ryplazim

J7171 – Adzynma

**Rituximab**

Q5123 – Riabni

Q5119 – Ruxience

Q5115 – Truxima

J9311 – Rituxan Hycela

J9312 – Rituxan

**Sickle Cell Disease**

J0791 – Adakveo

**Tocilizumab**

J3262 – Actemra

Q5133 – Tofidence

Q5135 – Tyenne

**Vascular Endothelial Growth Factor  
Inhibitors (VEGF)**

J0177 – Eylea HD

J0178 – Eylea

J0179 – Beovu

J2777 – Vabysmo

J2778 – Lucentis

J2779 – Susvimo

Q5124 – Byooviz

Q5128 – Cimerli

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Q5147 – Pavblu

**White Blood Cell Colony Stimulating Factors**

J1442 – Neupogen

J1447 – Granix

J1449 – Rolvedon

J2506 – Neulasta

J9361 – Ryzneuta

Q5108 – Fulphila

Q5110 – Nivestym

Q5111 – Udenyca

Q5120 – Ziextenzo

Q5122 – Nyvepria

Q5125 – Releuko

Q5127 – Stimufend

Q5130 – Fylnetra

Q5148 – Nypozi

Q5101 - Zarxio

For all applicable plans including Erickson Advantage, a prior authorization, use the Prior Authorization and Notification tool on the [UnitedHealthcare Provider Portal](https://UHCprovider.com) at [UHCprovider.com](https://UHCprovider.com). After you sign in, select the Prior Authorization link. From the “Create a new authorization submission” section, select Specialty Pharmacy from the dropdown menu. Or, you can call 888-397-8129

Unclassified and temporary codes\*

J3490

J3590

C9399

C9305

\* Kebilidi, Rivfloza, Starjemza

Inpatient admission	Notification required
<p><b>Inpatient admissions – Post-acute services</b></p> <p><b>Plan exclusions:</b> None</p>	<p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> <li>Acute care hospitals</li> </ul> <p>Home &amp; Community Care (formerly naviHealth) manages prior authorization for in-scope membership. Phone: 855-851-1127</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Note: These plans are excluded from the skilled nursing facility prior authorization requirement: UHC Nursing Home Plan (I-SNP)	<ul style="list-style-type: none"> <li>Acute inpatient rehabilitation</li> <li>Critical access hospitals</li> <li>Long-term acute care hospitals</li> <li>Skilled nursing facilities</li> </ul>	<p>*Peoples Health does not use Home &amp; Community Care (formerly naviHealth). Enter authorization request using the UnitedHealthcare Provider Portal.</p> <p>*AIP DSNP plans should not route to naviHealth and are serviced by the Optum PACM team</p>
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Use the Prior Authorization and Notification tool on the [UnitedHealthcare Provider Portal](#). After you sign in at [UHCprovider.com](#), select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.

**For Erickson Advantage**, contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.

<b>Non-emergency air transport</b> Non-urgent ambulance transportation by air between specified locations	Prior authorization required	A0430	A0431	A0435	A0436
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**Plan exclusions:**  
Erickson Advantage

<b>Orthognathic surgery</b> Treatment of maxillofacial (jaw) functional impairment	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

**Plan exclusions:**  
Erickson Advantage



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247		
<b>Orthopedic surgeries</b> Spine and joint surgeries	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
<b>Plan exclusions:</b> Erickson Advantage		22222	22224	22532	22533
		22548	22551	22554	22556
		22558	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22867
		22869	22899	23470	23472
		24360	24361	24362	24363
		24365	25441	25442	25444
		25446	25449	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29834
		29837	29838	29840	29844
		29845	29846	29847	29866
		29867	29868	29891	29892
		29894	29895	29897	29898
		29899	29914	29915	29916
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63051	63055	63056	63064
		63075	63077	63081	63085
		63087	63090	63101	63102
		63185	63190	0200T	0201T
		J7330			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		<p>Use the Prior Authorization and Notification tool on the <a href="#">UnitedHealthcare Provider Portal</a>. After you sign in at <a href="#">UHCprovider.com</a>, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.</p>
<p><b>Out-of-network services</b> A recommendation from a network physician or health care professional to a hospital, physician or other health care professional who's out-of-network</p> <p><b>Plan exclusions:</b> None</p>	<p>Please note that your agreement with UnitedHealthcare may include restrictions directing plan members outside of the UnitedHealthcare network. Plan members who use out-of-network physicians, health care professionals or facilities may have increased out-of-pocket expenses or no coverage.</p>	<p>For Medicare Advantage plan members, you may bill any code as long as advance notification is obtained in the following circumstances:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 care professionals for the type of specialty services needed.</li> <li>• 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.</li> </ul> <p><b>For Erickson Advantage</b>, contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Outpatient therapy (PT/OT/ST, chiropractic)</b>	Prior authorization is required for place of service 11-Office, 19-Off Campus-Outpatient-Hospital, 22-On-Campus Outpatient Hospital, 24-Ambulatory Surgical Center, 49-Independent Clinic, and 62-Comprehensive Outpatient Rehabilitation Facility.	Physical, occupational and speech therapy (PT/OT/ST)			
		92507	92508	92526	97012
		97016	97018	97022	97024
		97026	97028	97032	97033
		97034	97035	97036	97039
		97110	97112	97113	97116
		97124	97139	97140	97150
		97164	97168	97530	97533
		97535	97537	97542	97545
		97546	97750	97755	97760
		97761	97799	G0283	
	For Erickson Advantage only, prior authorization is required for place of service related to residing in long-term care facilities: 32-Nursing, 33-Custodial Care Facility	Chiropractic (only when below codes are billed with AT-modifier)			
		98940	98941	98942	
	For services in the home, please refer to the Home Health Services category	<b>For Erickson Advantage</b> , contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.			
<b>Pain management</b>	Prior authorization required	62350	62351	62360	62361
		62362			
<b>Plan exclusions:</b>					
Erickson Advantage					
<b>Potentially unproven services (including experimental/investigational and/or linked services)</b>	Prior authorization required	28890	33289	36514	64405
		64722	64744	66180	95965
		95966	C2624		
	•Services, including medications, determined not to be effective for treatment of a medical condition	<b>For Erickson Advantage</b> , contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.			
	•Services determined not to have a beneficial effect on health outcomes, due to Insufficient and inadequate clinical evidence from well-conducted randomized controlled trials				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<ul style="list-style-type: none"> <li>Cohort studies in the prevailing published peer-reviewed medical literature</li> </ul>					
<p><b>Plan exclusions:</b> None</p>					
<p><b>Private duty nursing</b></p> <p><b>Plan exclusions:</b> All individual Medicare Advantage plans</p>	<p>Prior authorization is only required for procedure T1000 specific employer group plans</p>	<p>Prior authorization is only required for procedure T1000 for the specific employer group plan codes listed below:</p>			
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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>	Prior authorization required	52441	52442		
<b>Plan exclusions:</b> Erickson Advantage					
<b>Radiation therapy</b>	Prior authorization required	IGRT 77387			
<b>Plan exclusions:</b> Erickson Advantage and Massachusetts DSNP (includes MA SCO OneCare)					
Proton Beam Therapy (PBT) 77520 77522 77523 77525					
Radiation Treatment Delivery 77402* 77407 77412					
SRS/SBRT 77371 77372 77373 G0339 G0340					
Special/Associated Services 77331 77370 77399 77470					
Y90 S2095 79445					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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**Radiation therapy (cont.)**

\*Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges:  
Applicable ICD10 codes for cancer types in scope for Hypofractionation:

Bone Mets - ICD10: C79.51, C79.52

Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A

Prostate - ICD10: C61

Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:  
Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92

Use the Prior Authorization and Notification tool on the [UnitedHealthcare Provider Portal](#). After you sign in at [UHCprovider.com](#), select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.

<p><b>Radiology</b></p> <p><b>Plan exclusions:</b> Erickson Advantage</p>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p>	<p>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification/requesting prior authorization before scheduling the procedure.</p>
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
UHC Nursing Home Plan and UHC Care Advantage Plan (I-SNP)	<ul style="list-style-type: none"> <li>Certain positron emission tomography (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 <a href="#">2026 UnitedHealthcare Administrative Guide</a>.</p>	<p>Use the Prior Authorization and Notification tool on the <a href="#">UnitedHealthcare Provider Portal</a>. After you sign in at <a href="#">UHCprovider.com</a>, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.</p> <p>For more details and the CPT codes that require notification/prior authorization, please see Radiology Prior Authorization and Notification.</p>			
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Plan exclusions:</b> None		<p><b>For Erickson Advantage</b>, contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.</p>			
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41512	41530	41599
	Applies to inpatient or outpatient procedures and surgeries, including, but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty	42145			
<b>Plan exclusions:</b> Erickson Advantage					

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 22858	20931	20939	22854
<b>Plan exclusions:</b> Erickson Advantage					
<b>Stereotactic Radiosurgery</b>	Prior authorization required	77371	77372		
<b>Plan exclusions:</b> Erickson Advantage and Massachusetts DSNP (includes MA SCO OneCare)					
<b>Stimulators</b> Implantation of a device that Sends electrical impulses	Prior authorization required				
<b>Plan exclusions:</b> Erickson Advantage					
		<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		61850	61863	61864	61867
		61868	61885	61886	63650
		63655	63685	64555	64568
		64590	L8682	L8683	
		Use the Prior Authorization and Notification tool on the <a href="#">UnitedHealthcare Provider Portal</a> . After you sign in at <a href="#">UHCprovider.com</a> , select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210			
<b>Therapeutic Radiopharmaceuticals</b>	Prior authorization required	A9513 A9615	A9590 A9699	A9606	A9607
<b>Plan exclusions:</b> Erickson Advantage and Massachusetts DSNP (includes MA SCO OneCare)					
<b>Transplant of tissue or organs</b> •Organ or tissue transplant or transplant-related services prior to pre-treatment or evaluation •Request for transplant or transplant-related services prior to pre-	Prior authorization required				
		For cellular and gene therapy services, including Abecma Amtagvi, Aucatzyl, Breyanzi, Carvykti, Casgevy, Kymriah, Lantidra, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Tecelra, Yescarta, Zevaskyn and Zynteglo please call 888-936-7246 or the notification			

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

**Plan exclusions:**

None

number on the back of the member's health plan ID card

**Cellular and gene therapy**

J3387	J3389	J3391	J3392
J3393	J3394	J3402	Q2041
Q2042	Q2053	Q2054	Q2055
Q2056	Q2057	Q2058	

**Evaluation for transplant**

99205

**Bone marrow harvest**

38240	38241	38242
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**Heart/lung**

33930	33935
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**Heart**

33940	33944	33945
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**Lung**

32850	32851	32852	32853
32854	32856	S2060	S2061

**Kidney**

50300	50320	50323	50340
50360	50365	50370	50547

**Pancreas**

48551	48552	48554
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**Liver**

47135	47143	47147
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**Intestine**

44132	44133	44135	44136
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**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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		<p>Use the Prior Authorization and Notification tool on the <a href="#">UnitedHealthcare Provider Portal</a>. After you sign in at <a href="#">UHCprovider.com</a>, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.</p> <p><b>For Erickson Advantage</b>, contact the MSR/prior authorization number on the back of the ID card for additional information on how to obtain prior authorization, CPT codes or HCPCS codes.</p>			
<p><b>Vein procedures</b> 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</p> <p><b>Plan exclusions:</b> Erickson Advantage</p>	<p>Prior authorization required</p>	<p>37243</p>	<p>37799</p>		
<p><b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p> <p><b>Plan exclusions:</b> Erickson Advantage</p>			<p>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.</p> <p>33927    33928    33929    33975 33976    33979    33981    33982 33983</p> <p>*For Peoples Health, enter prior authorization request including CPT codes listed above, using the UnitedHealthcare Provider Portal.</p> <p>Use the Prior Authorization and Notification tool on the <a href="#">UnitedHealthcare Provider Portal</a>. After you sign in at <a href="#">UHCprovider.com</a>, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 877-842-3210.</p>		