

Optum UnitedHealthcare Medicare Advantage prior authorization requirements

Effective Jan. 1, 2024

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” section on page two.

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 displays “referral required,” certain services may require a referral from the member’s primary care provider and prior authorization obtained by the treating physician.

Prior authorization contacts

- Online: Log in to optumproportal.com and select the *Referrals & Prior Authorization* section to submit a prior authorization notification
- Fax: Prior authorization intake department (only if online is not available): **1-888-992-2809**
- Phone: Prior authorization intake department (only if online or fax is not available): **1-888-685-8491**, TTY 711
- Email: Prior authorization department: colorado.medmgt@optum.com

Census Admin team

- Fax: **1-844-205-3551**
- Email: ColoradoCensusAdminTeam@ds.uhc.com

Included Plans

The following listed plans require prior authorization for in-network services. They are subject to the UnitedHealthcare provider administrative guide and the UnitedHealthcare West Non-Capitated supplement.

Medicare Advantage HMO, HMO-POS, PPO and Regional PPO plans, including AARP® Medicare Advantage®, UnitedHealthcare® The Villages® Medicare Advantage®, UnitedHealthcare® Medicare Advantage® plans for both individual and employer group members, UnitedHealthcare Medicare Gold and Silver plans and group retiree plans sold under UnitedHealthcare® Group Medicare Advantage (PPO)

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

UnitedHealthcare® Chronic Complete (CSNP)

UnitedHealthcare® nursing home and UnitedHealthcare® assisted living plans (HMO I-SNP), (HMO-POS I-SNP), (PPO I-SNP)

UnitedHealthcare Dual Eligible Special Needs Plans (D-SNP) and Medicare Advantage benefit plans offered by UnitedHealthcare Community Plan subject to an additional manual, as further described in the benefit plan section of the 2021 UnitedHealthcare Care Provider Administrative Guide at 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.

| Service category information | Codes |
|--|--|
| <p>Behavioral health services through a designated behavioral health network</p> <p>Plan exclusions: None</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>Bariatric Surgery</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p> | <p>43633, 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43775, 43842, 43843, 43844, 43845, 43846, 43847, 43848, 43860, 43865, 43882, 43886, 43887, 43888, 44799</p> |
| <p>Bone growth stimulator</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p> | <p>20974, 20975, 20979</p> |

| Service category information | Codes |
|---|--|
| <p>Breast reconstruction (non- mastectomy)</p> <p>Plan exclusions: None</p> <p>Reconstruction of the breast except when following mastectomy</p> <p>Prior authorization required</p> | <p>11920, 19328, 19361, 19371, 11921, 19330, 19364, 19380, 11922, 19340, 19367, 19396, 19316, 19342, 19368, L8600, 19318, 19350, 19369, 19325, 19357, 19370</p> <p>Prior authorization is not required for the following diagnosis codes:</p> <p>C50.019, C50.612, C50.329, D05.01, C50.011, C50.619, C50.421, D05.02, C50.012, C50.811, C50.422, D05.10, C50.111, C50.812, C50.429, D05.11, C50.112, C50.819, C50.521, D05.12, C50.119, C50.911, C50.522, D05.80, C50.211, C50.912, C50.529, D05.81, C50.212, C50.919, C50.621, D05.82, C50.219, C50.029, C50.622, D05.91, C50.311, C50.021, C50.629, D05.92, C50.312, C50.022, C50.821, Z85.3, C50.319, C50.121, C50.822, Z90.10, C50.411, C50.122, C50.829, Z90.11, C50.412, C50.129, C50.921, Z90.12, C50.419, C50.221, C50.922, Z90.13, C50.511, C50.222, C50.929, Z42.1, C50.512, C50.229, C79.81, C50.519, C50.321, D05.90, C50.611, C50.322, D05.00</p> |
| <p>Cardiology</p> <p>Plan exclusions: UnitedHealthcare® nursing home and UnitedHealthcare® assisted living plans (HMO SNP), (HMO-POS SNP), (PPO SNP)</p> <p>Prior authorization required for participating physicians for inpatient, outpatient and office-based procedures prior to performance</p> | <p>0517T, 0614T, 33206, 33207, 33208, 33212, 33213, 33214, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33240, 33249, 33262, 33263, 33264, 33270, 33285, 33289, 78428, 78429, 78430, 78431, 78432, 78433, 93350, 93351, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93799, E0616</p> |

| Service category information | Codes |
|---|---|
| <p>Cardiovascular</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p> | <p>Cardiology 93653, 93656</p> <p>Vascular 37220*, 37225*, 37228*, 37231*, 37221*, 37226*, 37229*, 37224*, 37227*, 32730*</p> <p>Prior authorization is not required for the following diagnosis codes:</p> <p>E08.52, I70.461, I70.761, M86.369, E09.52, I70.462, I70.762, M86.371, E10.52, I70.463, I70.763, M86.372, E11.52, I70.468, I70.768, M86.379, E13.52, I70.469, I70.769, M86.38, I70.221, I70.521, I72.3, M86.39, I70.222, I70.522, I72.4, M86.40, I70.223, I70.523, I72.8, M86.451, I70.228, I70.528, I72.9, M86.452, I70.229, I70.529, I73.00, M86.459, I70.231, I70.531, I73.01, M86.461, I70.232, I70.532, I73.1, M86.462, I70.233, I70.533, I73.81, M86.469, I70.234, I70.534, I74.3, M86.471, I70.235, I70.535, I74.4, M86.472, I70.238, I70.538, I74.5, M86.479, I70.239, I70.539, I74.8, M86.48, I70.241, I70.541, I74.9, M86.49, I70.242, I70.542, I75.021, M86.50, I70.243, I70.543, I75.022, M86.551, I70.244, I70.544, I75.023, M86.552, I70.245, I70.545, I75.029, M86.559, I70.248, I70.548, I75.89, M86.561, I70.249, I70.549, I77.2, M86.562, I70.25, I70.561, I77.70, M86.571, I70.261, I70.562, I77.72, M86.572, I70.262, I70.563, I77.77, M86.579, I70.263, I70.568, I77.79, M86.58, 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, I70.569, 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, I96., L03.115, L03.116, M86.051, M86.052, M86.059, M86.061, M86.062, M86.069, M86.071, M86.072, M86.079, M86.08, M86.09, 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, M86.59, 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, Q27.30, Q27.32, Q27.39, Q27.8, Q27.9, Q87.2, S35.511A, S35.512A, S81.801A, S81.802A, S81.809A, S91.301A, S91.302A, S91.309A, T82.312A, T82.318A, T82.319A, T82.338A, T82.392A, T82.398A, T82.399A, T82.818A, T82.868A, T82.898A</p> |

| Service category information | Codes |
|--|---------------------|
| Cartilage implants Plan exclusions: None Prior authorization required | 27412, 27415, 27416 |

| Service category information | Codes |
|--|---|
| <p>Category III, Temporary “T” Codes</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p> | <p>0019T, 0020T, 0021T, 0022T, 0023T, 0024T, 0025T, 0026T, 0027T, 0028T, 0029T, 0030T, 0031T, 0032T, 0033T, 0034T, 0035T, 0036T, 0037T, 0038T, 0039T, 0040T, 0041T, 0042T, 0043T, 0044T, 0045T, 0046T, 0047T, 0048T, 0049T, 0050T, 0051T, 0052T, 0053T, 0054T, 0055T, 0056T, 0057T, 0058T, 0059T, 0060T, 0061T, 0062T, 0063T, 0064T, 0065T, 0066T, 0067T, 0068T, 0069T, 0070T, 0071T, 0072T, 0073T, 0074T, 0075T, 0076T, 0077T, 0078T, 0079T, 0080T, 0081T, 0082T, 0083T, 0084T, 0085T, 0086T, 0087T, 0088T, 0089T, 0090T, 0091T, 0092T, 0093T, 0094T, 0095T, 0096T, 0097T, 0098T, 0099T, 0100T, 0101T, 0102T, 0103T, 0104T, 0105T, 0106T, 0107T, 0108T, 0110T, 0111T, 0112T, 0113T, 0114T, 0115T, 0116T, 0117T, 0118T, 0119T, 0120T, 0121T, 0122T, 0123T, 0124T, 0125T, 0126T, 0127T, 0128T, 0129T, 0130T, 0131T, 0132T, 0133T, 0134T, 0135T, 0136T, 0137T, 0138T, 0139T, 0140T, 0141T, 0142T, 0143T, 0144T, 0145T, 0146T, 0147T, 0148T, 0149T, 0150T, 0151T, 0152T, 0153T, 0154T, 0155T, 0156T, 0157T, 0158T, 0159T, 0160T, 0161T, 0162T, 0163T, 0164T, 0165T, 0166T, 0167T, 0168T, 0169T, 0170T, 0171T, 0172T, 0173T, 0174T, 0175T, 0176T, 0177T, 0178T, 0179T, 0180T, 0181T, 0182T, 0183T, 0184T, 0185T, 0186T, 0187T, 0188T, 0189T, 0190T, 0192T, 0193T, 0194T, 0197T, 0198T, 0199T, 0202T, 0203T, 0204T, 0205T, 0206T, 0207T, 0208T, 0209T, 0210T, 0211T, 0212T, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0219T, 0220T, 0221T, 0222T, 0223T, 0224T, 0225T, 0226T, 0227T, 0228T, 0229T, 0230T, 0231T, 0232T, 0233T, 0234T, 0235T, 0236T, 0237T, 0238T, 0239T, 0240T, 0241T, 0242T, 0243T, 0244T, 0245T, 0246T, 0247T, 0248T, 0250T, 0251T, 0252T, 0253T, 0254T, 0256T, 0257T, 0258T, 0259T, 0260T, 0261T, 0262T, 0263T, 0264T, 0265T, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 0274T, 0275T, 0276T, 0277T, 0278T, 0279T, 0280T, 0281T, 0282T, 0283T, 0284T, 0285T, 0286T, 0287T, 0288T, 0289T, 0290T, 0291T, 0292T, 0293T, 0294T, 0295T, 0296T, 0297T, 0298T, 0308T, 0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 0329T, 0330T, 0331T, 0332T, 0333T, 0335T, 0338T, 0339T, 0341T, 0342T, 0345T, 0347T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0355T, 0356T, 0357T, 0358T, 0362T, 0373T, 0375T, 0376T, 0377T, 0378T, 0379T, 0380T, 0381T, 0382T, 0383T, 0384T, 0385T, 0386T, 0394T, 0395T, 0396T, 0397T, 0398T, 0399T, 0400T, 0401T, 0402T, 0403T, 0404T, 0405T, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0419T, 0420T, 0421T, 0422T, 0423T, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0437T, 0439T, 0440T, 0441T, 0442T, 0443T, 0444T, 0445T, 0446T, 0447T, 0448T, 0449T, 0450T, 0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T, 0464T, 0465T, 0466T, 0467T, 0468T, 0469T, 0470T, 0471T, 0472T, 0473T, 0474T, 0475T, 0476T, 0477T, 0478T, 0479T, 0480T, 0481T, 0482T, 0483T, 0484T, 0485T, 0486T, 0487T, 0488T, 0489T, 0490T, 0491T, 0492T, 0493T, 0494T, 0495T, 0496T, 0497T, 0498T, 0499T, 0500T, 0502T, 0503T, 0504T, 0505T, 0506T, 0507T, 0508T, 0509T, 0510T, 0511T, 0512T, 0513T, 0514T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0523T, 0524T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0533T, 0534T, 0535T, 0536T, 0541T, 0542T, 0543T, 0544T, 0545T, 0546T, 0547T,</p> |

| Service category information | Codes |
|---|--|
| <p>Chemotherapy Plan exclusions: Institutional special needs plans (ISNP) Prior authorization requests for drug codes in this section with a cancer diagnosis should be submitted to our Cancer Guidance Program (CGP).</p> <p>Online: mbm.linkplatform.com Email: optumcare_smgp@optum.com Phone: 1-877-454-8365, TTY 711</p> <p>Injectable chemotherapy drugs that require notification:</p> <ul style="list-style-type: none"> • Authorization is required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis • 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 <p>*C9399, J3490, J3590, J8999 and J9999 require prior authorization for the following chemotherapy drug code names: C9399: Sarclisa J3490: Jaypirca, Pemetrexed, Stimufend, Vanflyta J3590: Adstiladrin, Columvi, Elrexfio, Epkinly, Loqtorzi, Lunsumio, Talvey, Vegzelma, Zynyz J8999: Augtyro, Fruzaqla, Ogsiveo, Truqap J9999: Akeega, Calquence, Yonsa</p> | <p>90586, A4641, A9513, A9590, A9606, A9607, A9699, A9800, C9146, C9155, C9165, C9257, C9399*, J0185**, J0202, J0222, J0225, J0640, J0641, J0642, J0881, J0885, J0897**, J1442, J1447, J1448, J1449**, J1453, J1454**, J1456, J1627**, J1930, J1932, J1950**, J1952, J2353, J2354, J2357, J2506, J2796, J2820, J2860, J3262, J3315, J3490*, J3590*, J7504, J9000, J9015, J9017, J9019, J9020, J9021, J9022, J9023, J9025, J9027, J9029, J9030, J9032, J9033, J9034, J9035, J9036, J9039, J9040, J9041, J9042, J9043, J9045, J9046, J9047, J9048, J9049, J9050, J9052, J9055, J9056, J9057, J9058, J9059, J9060, J9061, J9063, J9065, J9070, J9071, J9072, J9100, J9118, J9119, J9120, J9130, J9144, J9145, J9150, J9151, J9153, J9155, J9160, J9171, J9173, J9175, J9176, J9177, J9178, J9179, J9181, J9185, J9190, J9196, J9198, J9200, J9201, J9202, J9203, J9204, J9205, J9206, J9207, J9208, J9209, J9210, J9211, J9212, J9213, J9214, J9215, J9216, J9217, J9223, J9225, J9227, J9228, J9229, J9230, J9245, J9246, J9247, J9250, J2959, J9260, J9261, J9262, J9263, J9264, J9266, J9267, J9268, J9269, J9270, J9271, J9272, J9273, J9280, J9281, J9293, J9294, J9286, J9295, J9296, J9297, J9298, J9299, J9301, J9302, J9303, J9304, J9305, J9306, J9307, J9308, J9309, J9311**, J9312**, J9313, J9316, J9317, J9318, J9319, J9320, J9321, J9323, J9325, J9328, J9330, J9331, J9340, J9345, J9348, J9349, J9350, J9351, J9352, J9353, J9354, J9355, J9356, J9357, J9358, J9359, J9360, J9370, J9371, J9390, J9393, J9394, J9395, J9400, J9600, J9999, Q2043, Q2049, Q2050, Q2056, Q5101, Q5107, Q5108**, Q5110, Q5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5120, Q5122**, Q5123**, Q5125**, Q5127, Q5129**, Q5130</p> <p>Codes effective 5/1/2024: C9087, J1323, J2277, J3055, J9073, J9075</p> <p>**Cancer diagnosis is managed by Cancer Guidance Program. For non-cancer diagnoses, See Part B Step Therapy Section.</p> |
| <p>Chemotherapy (Non-CGP) Plan exclusions: Institutional special needs plans (ISNP)</p> <p>See Page 1 for options to contact the Optum Care Prior Authorization Department*</p> <p>Authorization is required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis</p> | <p>J1954, J9051, J9064, J9072, J9172, J9255, J9258, J9324, Q5017</p> |
| <p>Cochlear and other auditory implants Plan exclusions: None Prior authorization required A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech</p> | <p>69714, L8690, 69930, L8691, L8614, L8619, L8692</p> |

| Service category information | Codes |
|--|---|
| <p>Cosmetic and reconstructive Procedures</p> <p>Plan exclusions: None</p> <p>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p> <p>Prior authorization required</p> <p>Advance notification required for services, whether scheduled as inpatient or outpatient</p> | <p>11952, 11960, 11970, 11971, 14020, 14021, 14061, 14302, 15732, 15736, 15819, 15820, 15821, 15822, 15823*, 15824, 15825, 15826, 15828, 15829, 15830, 15847, 15877, 15878, 15879, 17106, 17107, 17108, 17340, 17360, 17380, 17999, 19304, 19324, 19366, 19499, 20926, 21137, 21138, 21139, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21208, 21209, 21230, 21235, 21248, 21249, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21275, 21280, 21282, 21295, 21296, 21299, 21740, 21742, 21743, 28280, 28344, 30540, 30545, 30560, 30620, 30999, 31295, 31296, 31297, 31298, 31299, 40700, 40701, 40702, 40720, 40761, 40799, 40840, 40842, 40843, 40844, 40845, 41870, 41872, 41874, 42200, 42205, 42210, 42215, 42220, 42225, 54406, 54410, 54415, 54416, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67912, 67914, 67915, 67916, 67921, 67922, 67923, 67924, 67930, 67950, 67961, 67966, 67971, 67973, 67974, 67975, 67999, 69300, 69715, 69718, 92700, Q2026</p> |

| Service category information | Codes |
|--|---|
| <p>Durable medical equipment (DME)</p> <p>Plan exclusions: Institutional special needs plans (ISNP)</p> <p>Prosthetics are not DME for UnitedHealthcare Medicare Advantage plan members – see prosthetics and orthotics.</p> <p>Prior authorization is only required if the code is on the prior auth list AND the retail purchase cost or the cumulative rental cost is over \$1,000, unless otherwise specified.</p> <p>*Power Mobility Devices/Accessories and other equipment require prior authorization regardless of the cost.</p> | <p>E0170, E0193, E0194, E0203, E0246, E0277, E0300, E0301, E0302, E0303, E0304, E0316, E0328, E0329, E0350, E0373, E0450, E0459, E0461, E0462, E0465, E0466*, E0470*, E0471, E0472, E0486, E0483, E0601, E0603, E0616, E0617, E0618, E0620, E0635, E0636, E0639, E0640, E0650, E0651*, E0652, E0655, E0656, E0660, E0665, E0667*, E0668, E0669, E0671, E0672, E0673, E0675, E0691, E0692, E0693, E0694, E0700, E0710, E0740, E0746, E0761, E0764, E0766*, E0770, E0782, E0783, E0784, E0785, E0786, E0830, E0856, 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, E1220, E1222, E1224, E1227, E1228, E1229, E1230*, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1239*, 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, E2227, E2228, E2300, E2301, E2310*, E2311, E2312, E2313, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2375, E2376, E2402, E2502, E2504, E2506, E2508, E2510*, E2609*, E2617*, K0005, K0009, K0010, K0011, K0012, K0014, K0020, K0037, K0039, K0044, K0046, K0047, K0050, K0051, K0056, K0065, K0072, K0073, K0098, K0105, K0108, K0455, K0609, K0730, K0743, K0744, K0745, K0746, K0800*, K0801*, K0802*, K0806*, K0807, K0808*, K0812*, K0813*, K0814*, K0815*, K0816*, K0820*, K0821*, K0822*, K0823*, K0824*, K0825*, K0826*, K0827*, K0828*, K0829*, K0830*, K0831*, K0835*, K0836*, K0837*, K0838*, K0839*, K0840*, K0841*, K0842*, K0843*, K0848*, K0849*, K0850*, K0851*, K0852*, K0853*, K0854*, K0855*, K0856*, K0857*, K0858*, K0859*, K0860*, K0861*, K0862*, K0863*, K0864*, K0869*, K0870*, K0871*, K0877*, K0878*, K0879*, K0880*, K0884*, K0885*, K0886*, K0890*, K0891*, K0898*, K0899*</p> |

| Service category information | Codes |
|--|--|
| <p>End-stage renal disease/dialysis services</p> <p>Plan exclusions: 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</p> <p>Note: 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 1-866-561-7518.</p> |
| <p>Gender dysphoria treatment</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p> | <p>55970 and 55980 (regardless of diagnosis)</p> <p>These surgical codes, when billed with one of the following diagnosis codes:</p> <p>F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890, 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</p> |

| Service category information | Codes |
|--|--|
| <p>Genetic Testing</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p> | <p>81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81170, 81175, 81176, 81200, 81201, 81202, 81203, 81205, 81206, 81207, 81208, 81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81235, 81238, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81272, 81273, 81275, 81276, 81283, 81287, 81288, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81310, 81311, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81330, 81331, 81332, 81334, 81335, 81340, 81341, 81342, 81346, 81350, 81355, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81445, 81448, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81490, 81493, 81495, 81500, 81503, 81504, 81506, 81507, 81508, 81509, 81510, 81511, 81512, 81519, 81520, 81521, 81525, 81535, 81536, 81538, 81539, 81540, 81541, 81545, 81551, 81595, 81599, 81528, 84999, 85999, 86152, 86153, 86294, 86316, 86386, 86849, 88120, 88121, 88199, 88363, 88365, 88367, 88368, 88399, 89240, 89398, 0001U, 0002M, 0002U, 0003M, 0003U, 0004M, 0005U, 0006M, 0007M, 0007U, 0008U, 0009U, 0010U, 0011M, 0011U, 0012M, 0012U, 0013M, 0013U, 0014U, 0016U, 0017U, 0018U, 0019U, 0021U, 0022U, 0023U, 0024U, 0025U, 0026U, 0027U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 0035U, 0036U, 0037U, 0038U, 0039U, 0040U, 0041U, 0042U, 0043U, 0044U, 0045U, 0046U, 0047U, 0048U, 0049U, 0050U, 0053U, 0055U, 0056U, 0058U, 0059U, 0061U, 0062U, 0063U, 0067U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0077U, 0078U, S0265, S3800, S3841, S3842, S3845, S3846, S3849, S3850, S3852, S3853, S3861, S3870</p> |
| <p>Home health care (nutritional)</p> <p>Plan exclusions: None</p> <p>Provision of nutritional therapy, whether enteral or through a gastrostomy tube in the home</p> <p>Prior authorization required</p> | <p>B4149, B4150, B4152, B4153, B4155, B4158, B4159, B4160, B4161</p> |
| <p>Hyperbaric Oxygen Treatment</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p> | <p>99183, 99184</p> |

| Service category information | Codes |
|--|--|
| <p>Hysterectomy (abdominal and laparoscopic surgeries) – inpatient and outpatient procedures</p> <p>Plan exclusions: None</p> <p>Prior authorization required</p> | <p>58150, 58542, 58552, 58571, 58152, 58543, 58553, 58572, 58180, 58544, 58554, 58573, 58541, 58550, 58570</p> |
| <p>Hysterectomy (vaginal) – inpatient only</p> <p>Plan exclusions: None</p> <p>No prior authorization required for outpatient vaginal hysterectomies</p> | <p>58260, 58270, 58291, 58262, 58275, 58292, 58263, 58280, 58293, 58294, 58267, 58290</p> |

Confidential and proprietary. Use pursuant to company instructions.

Optum® is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other trademarks are the property of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

©2024 Optum, Inc. All rights reserved.

