

Optum Medicare Advantage prior authorization requirements

Effective Jan. 1, 2024

General information

Prior authorization is not required for emergency or urgent care.

Plans with referral requirements: If a member's health plan ID card states "referral required," certain services may require a referral from the member's primary care provider and prior authorization obtained by the treating physician.

Out-of-network

All out-of-network hospitalizations, surgeries, procedures, referrals, evaluations, services, and treatment require prior authorization.

All out-of-network providers require prior authorization for any service rendered.

To view prior authorization requirements for UHC Medicare Advantage Providers:

Online: uhcprovider.com > Select Prior Authorization > Under Medical professional resources, select Advance Notification

Medical professional resources

[Crosswalk](#)

For commercial plan participants who need additional services after a prior authorization has been received, please use the Crosswalk table. The table will help you determine whether you can use the approved prior authorization, need to modify the original or request a new one. You can find more helpful details in the [Crosswalk information sheet](#) .

[Advance notification](#)

Take this first step to help you determine coverage based on medical necessity. Please note, prior authorization may still be required.

Under Advance Notification and Clinical Submission Requirements, scroll down to UnitedHealthcare Medicare Advantage, UnitedHealthcare West Medicare Advantage, and UnitedHealthcare Dual Complete Prior Authorization Requirements

Options: Current or Previous Prior Authorization Requirements

UnitedHealthcare Medicare Advantage, UnitedHealthcare West Medicare Advantage, and UnitedHealthcare Dual Complete Prior Authorization Requirements ^

Current Prior Authorization Requirements




- [UnitedHealthcare Medicare Advantage and UnitedHealthcare Community Plan Prior Authorization Requirements - Effective Jan. 1, 2024](#)

Previous Prior Authorization Requirements

To view prior authorization requirements for Humana Medicare Advantage Providers:

- **Online:** [humana.com/provider/medical-resources/authorizations-referrals/preauthorization-lists](https://www.humana.com/provider/medical-resources/authorizations-referrals/preauthorization-lists) > Under Current preauthorization and notification lists, select Medicare and Dual Medicare-Medicaid Plans Preauthorization and Notification List

Current preauthorization and notification lists (effective January 1, 2024)

- [Puerto Rico Medicare and Dual Medicare-Medicaid Prior Authorization and Notification List](#)
- [Puerto Rico Prior Authorization List With Summary of Changes](#) 
- [Humana Gold Plus Integrated Illinois Dual Medicare-Medicaid Plan Preauthorization and Notification List](#) 
- [Medicare and Dual Medicare-Medicaid Plans Preauthorization and Notification List](#) 

Options: Medical codes list and Medication code list

After reading the applicability of the preauthorization requirements below, access services, codes and medication by selecting the appropriate link:

[Medicare January 2024 Medical \(physical health\)/ Behavioral health preauthorization list, please click here](#)

[Medicare 2024 Medication preauthorization list, please click here](#)

To view prior authorization requirements for Presbyterian Health Plan Providers:

For Advanced Imaging


Online: onbaseext.phs.org/PEL/DisplayDocument?ContentID=PEL_00229606

For Medical and Part B Medications

Online: phs.org/providers/authorizations > Select Prior Authorization Guide

Certain specialized services and prescription drugs require a prior authorization or inpatient notification before being rendered to patients and members. Prior authorizations and inpatient notifications ensure that patients are receiving the right amount of medically necessary care in the right setting for the insurance plan for which they're enrolled.

Medical

 [Prior Authorization Guide >](#)

Medicare Requirements are in the red section Under Department, for Part B Medications > select Specialty Pharmaceuticals and Medical Drugs List

| Department | Online | Telephone | Fax |
|--------------------------|---|--|---|
| Physical Health Services | <ul style="list-style-type: none"> • Presbyterian Log In | <ul style="list-style-type: none"> • (505) 923-5757, option 4, followed by 1 | <ul style="list-style-type: none"> • Inpatient Services: (505) 843-3107 • Outpatient Services: (505) 843-3047 • Long-term Care: (505) 843-3195 • University of New Mexico: (505) 843-3108 • Home Health Care: (505) 559-1150 |
| Pharmacy Services | <ul style="list-style-type: none"> • Presbyterian Log In • List of drugs that have specific rules or requirements for coverage. • Specialty Pharmaceuticals and Medical Drugs List | <ul style="list-style-type: none"> • (505) 923-5757, option 3 • 1-888-923-5757, option 3 | <ul style="list-style-type: none"> • (505) 923-5540 • 1-800-724-6953 |

For medical codes, scroll down to the Services Section

To view prior authorization requirements for Blue Cross providers:

Online: [MAPD Benefit Preauthorization Procedure Code List \(bcbsnm.com\)](https://www.bcbsnm.com)

To request prior authorization, please submit your request online or by fax:

- **Online:** To submit a prior authorization notification, login to optumproportal.com > select **Referrals & Prior Authorization**
- **Prior authorization Intake department fax #:** 1-888-992-2809
- **Prior authorization Intake department phone (only if online or fax not available):** 1-877-370-2845, TTY 711
- **Prior authorization department email:** lcd_um@optum.com

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