

2025 Advantage Plus Network - Connecticut: UnitedHealthcare Medicare Advantage prior authorization requirements

Effective Jan. 1, 2025

General information

Prior authorization is not required for emergency or urgent care.

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.

Out-of-network

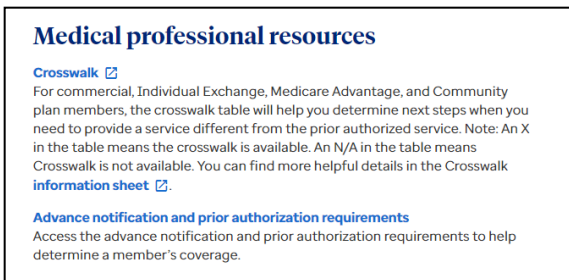
All out-of-network hospitalizations, surgeries, procedures, referrals, evaluations, services, and treatment require prior authorization. All out-of-network providers require prior authorization for any service rendered.

To view prior authorization requirements for UHC Medicare Advantage Providers:

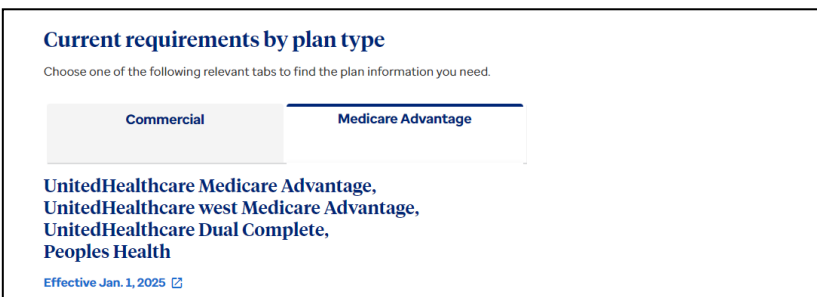
Online: uhcprovider.com > Select *Coverage and payments* > Select *Prior Authorization*



Under *Medical professional resources*, select *Advance Notification and prior authorizations*



Under *Advance Notification Prior Authorization Requirements*, scroll down to *Current Requirements by plan type*, select *Medicare Advantage*; click the date link



To view prior authorization requirements for Senior Care Connecticut Anthem Medicare HMO Providers:

- Access availability.com/

To view prior authorization requirements for CarePartners of Connecticut Medicare Advantage Providers:

- Access cpct-pdoc-pa-notif-no-pa-list

To request prior authorization, please submit your request online:

- Log in to optumproportal.com and select the *Medical Management* section to submit a prior authorization notification

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Advantage Plus
Network—Connecticut

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